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LECTURE I.

GENTLEMEN:—In connexion with the lectures you have heard from Dr. Donaghe, on gonorrhœa and its sequelæ, I propose to give you a rapid *resumé* of the subject of stricture of the urethra, a disease which is the source of an immense amount of torture and anxiety to our sex, and in which the well directed resources of our art are capable of conferring a proportionate amount of benefit. To approach the subject properly, I must premise a brief sketch of the anatomy and physiology of the urethral canal—in the male, for my remarks will apply to it alone. This was so named by the ancients (*oupor* urine, and *επιχειν* to run), because it is the vent-pipe of the urinary excretion; but this is not its only use, for it also gives issue to the seminal fluid; and to thoroughly grasp the diseases to which the canal is liable you must keep constantly in view this double function which it performs. The kidneys—the glands which separate the urine from the blood, the ureters—their ducts, and the bladder—into which it is received as a reservoir, are the urinary organs; the testicles—the glands which secrete the seminal fluid, the *vasa deferentia*—their ducts, the seminal vesicles, and the prostate gland, are the corresponding organs of the genital system; whilst the urethra constitutes the common outlet for the product of both pairs of glands, viz. urine and semen. Any obstruction, therefore, in this canal, interrupts the function of two distinct sets of organs—of equal importance to the individual and to the species. If it were the sole function of the male urethra to serve as an outlet to the urine, a length of two inches might have sufficed, as in the female; but we find this length of canal quadrupled, and three-fourths of it surrounded by a cylinder of erectile tissue (the *corpus spongiosum urethræ*), and intimately connected to the *corpus cavernosum penis*, with the purpose of forming an intromittent organ, by means of which the seminal fluid is to be conveyed to its destination. Thus we have three-fourths of the male urethra serving the purpose mainly of the genital organs, whilst more than half of its remaining fourth is surrounded by the prostate gland—an organ which I am disposed to regard as purely genital in its functions. You will recognise, therefore, that all the peculiarities of innervation which characterize the genital system, as well as those belonging to the urinary organs, are liable to be concentrated upon the urethra when it becomes the seat of disease—a consideration of no little importance in the management of stricture, as well as of the other diseases of which it is the seat.

The urethral canal, and all the hollow organs communicating with it, both genital and urinary, are lined by a mucous membrane continuous with the external integument at the orifice of the urethra, and terminating internally in the gland tubes of the kidneys and testicles; this continuous expanse of mucous membrane is designated as the *genito-urinary tract*. Most, if not all, of the inflammatory affections of the genito-urinary passages are seated in this membrane at their inception, and, during their earlier

stages, are confined to it. As in other expansions of mucous membrane, inflammation tends here to extend superficially to the bladder, ureters, and pelves of the kidneys on the one hand, when it commences, for example, in the urethra, and on the other, to the seminal vesicles, vasa deferentia, epididymes, and testicles. We shall confine our remarks hereafter to the mucous membrane of the urethra, and the parts by which it is immediately surrounded.

The best mode of examining this membrane is by removing the entire bladder, with the urethra and penis, from a recent subject, and slitting the canal along its upper wall, and continuing the incision through the upper wall of the bladder, by means of a stout pair of dissecting scissors, of which the blade introduced into the canal projects about three-fourths of an inch beyond its fellow, and terminates in a rounded extremity. In a dissection thus prepared, as the specimen, for example, now before you, the urethral mucous membrane is seen presenting a smooth shining surface, of a yellowish pink color, deeper in tint for an inch within its orifice, and also in the neighborhood of what is known as its membranous portion. A variable number of little pockets, recalling in appearance the valves of the veins, but smaller and solitary, called *lacunæ*, are to be seen scattered along the anterior half of the canal, and chiefly upon its roof. These are variable in size, and will sometimes admit a probe to the depth of one-third to half an inch; one of them, larger than the rest, is found pretty constantly in the roof of the canal, and about three-fourths of an inch from its orifice, and by this *lacuna magna*, as it is called, the point of a conical bougie, when of small size, is very apt to be arrested. To avoid it, remember that it is always situated in the roof of the passage, and direct the point of the bougie downwards, towards its floor. The use of these lacunæ is not clearly known.

By means of a good pocket lens, or a microscope of low power, a large number of minute orifices of mucous follicles can be recognised studding the surface of the membrane throughout its whole length; and by dissecting up a flap of it they can be seen imbedded in the submucous connecting tissue, in the shape of minute yellowish masses; they furnish the mucus by which the membrane in its normal condition is lubricated, and are occasionally the seat of abscess complicating gonorrhœa. At the membranous portion of the canal, and for an inch or two anterior to it, and also in that portion of it surrounded by the *glans penis*, there are well marked traces of longitudinal wrinkles, or *rugæ*, resulting from the constriction of its mucous membranes by the elastic and muscular tissues by which it is surrounded, and upon the summits of these rugæ, especially near the orifice of the canal, minute papillæ one-fourth to one-third of a line in length may be found. Beyond these features, which are recognisable on inspection, the lining membrane of the urethra possesses the usual characteristics of a mucous membrane; it is stretched upon a bed of connecting tissue, which contains the terminal ramifications of the blood-vessels and nerves by which its glandular follicles and its surface are supplied; this surface is invested by a layer of epithelium, the deeper cells of which are spheroidal or oval, whilst the superficial ones are columnar, except towards the last inch of the canal, where they all assume the scaly or pavement form, approaching in character the epidermic scales with which they become continuous externally. A drop of any of the morbid discharges from the urethra, placed beneath the microscope, will show more or less of these cells.

I have said that the mucous membrane of the urethra was stretched upon a bed of connecting tissue; now, on examining closely the deeper strata of this layer, they will be found to contain a certain amount of unstriped or involuntary muscular fibre, such as constitutes the muscular coat of the intestines; and these fibres are arranged both circularly and longitudinally, beneath its mucous membrane, throughout the whole length of the canal. In addition to the evidence of the microscope, the presence of this muscular layer is demonstrated by the power which the urethra

possesses of spontaneously expelling a partially introduced bougie; it will also contract spasmodically, through reflex nervous action, upon any chemical or mechanical irritant introduced into the cavity—such as a piece of caustic, or a rough bougie. John Hunter recognised the existence of this muscular contractility in all parts of the urethral canal, but it is only within the last ten years that the actual presence and mode of distribution of muscular tissue in this locality has been demonstrated, mainly by the labors of Kolliker, the German anatomist, and Mr. Hancock, surgeon of the Charing Cross Hospital, London. Its use is to expel the last drops of urine, or semen, from the urethra, as is proved by the dribbling of urine which occurs when it has been injured or destroyed in any portion of the canal, as in stricture. You can understand, now, how the longitudinal wrinkles of the urethral mucous membrane are produced, and also why it is that its mucous walls are always in contact when at rest.

After leaving the neck of the bladder, where the commencement of the urethra is marked by the slightly elevated fold of mucous membrane called the *uvula vesicae*, it is surrounded, in its first inch and a quarter, by the prostate gland. This organ owes its title of gland to the fact that about one-third of its substance consists of an aggregation of follicles similar to those already noticed as scattered singly along the urethra; the remainder of its bulk is composed of involuntary muscular tissue, so that it is in fact a highly contractile organ. These follicles unite to form some sixteen or twenty ducts, whose orifices are distinctly to be seen opening into the floor of the urethra on either side of its median line, which is occupied by a prominent fold of mucous membrane about three-fourths of an inch in length, called, from its fancied resemblance in shape to the head of a woodcock, the *caput gallinaginis*. Near the anterior extremity of this little ridge or crest of mucous membrane, at its most elevated portion, is a slit-like orifice best demonstrated by directing a stream of air upon it from a blow-pipe, which leads obliquely backwards into a cavity, of variable size, lying beneath the floor of the urethra, in the substance of the prostate, and known as the *sinus prostaticus*. This flask-shaped cavity, into which a probe can be readily passed to the extent sometimes of three-fourths of an inch, is lined by mucous membrane, and has no obvious function; it is in fact the analogue, in the male, of the uterus of the female, and hence called the *utriculus*. In either lip of its vertical orifice is situated the terminal opening of an ejaculatory duct, the common outlet of the *vasa deferentia* and seminal vesicles. The neighborhood of these orifices is richly supplied with nerves possessed of peculiar sensibility, the seat, in fact, of the sense of pleasure which accompanies the sexual act; and it is here that nitrate of silver is occasionally applied with the view of modifying morbid conditions of that function. The seminal fluid, mingled with the contents of the seminal vesicles, is poured into the urethral canal through these orifices, and its shape and capacity enable it to act as a momentary reservoir for it; narrow at the *uvula vesicae*, and again at the apex of the prostate, it is dilated between these points into a fusiform cavity which is known as the prostatic sinus, and when this cavity is distended to its full capacity, the muscular tissue which constitutes so large a proportion of the prostate, is stimulated to sudden, powerful, and spasmodic contraction, by means of which the seminal fluid is discharged. At the same time, and by the same contraction, the prostatic follicles are emptied of their secretion, the office of which is to render the semen more fluid, and to facilitate its ejection. This I believe to be the true function of the prostate gland, so called; it is, rather, a compound body, mainly muscular in its nature, and contractile, of course, in its function.

Tracing the urethra through the prostate, we find it, in the next three quarters of an inch of its course, as an independent tube, i. e. composed simply of mucous membrane, connecting tissue, and unstriated muscular fibre, passing out of the cavity of the pelvis through a hole in the triangular ligament, which is situated just one inch below the summit

of the pubic arch. The triangular ligament, hence called, "of the urethra," is an expansion of fibrous membrane which closes that portion of the pelvic outlet bounded by the pubic rami, between which it is stretched. It is composed of two distinct layers, which, at the point where they are perforated by the urethra, are at least one-third of an inch apart, and in this space we find no less than three organs of some importance, viz., Cowper's glands, the artery of the bulb, and the *compressor urethrae* muscle, so called by Guthrie, the celebrated English army surgeon, who first pointed out its importance. Cowper's glands are simply two little pea-shaped masses of mucous follicles which pour their secretion into what is called the "bulbous" portion of the urethra, by means of two converging ducts about three-fourths of an inch in length. They are of little or no practical importance. The artery of the bulb, the largest branch of the internal pudic, which supplies the *corpus spongiosum urethrae*, need not concern us at present. But the *compressor urethrae* muscle, which I believe to be the true sphincter of the bladder, is an organ of very considerable importance in connexion with the use of instruments in the urethra. Its fibres take their origin from either margin of the pubic arch, at, and for an inch below, its symphysis; they join each other at the median line above and below the urethra, and in contact with its walls, in such a manner that by their contraction they are capable of completely closing its canal. The fibres of which this muscle is composed are of the striped variety, and they are completely under the control of the will. By bringing them into action we can at any moment during the act of micturition suddenly and certainly arrest the flow of the urine. I must ask your especial attention to the position and function of this muscle, which is not very difficult to expose in dissection. I have observed that it is always particularly well developed in the negro. It is not unfrequently the seat of spasmodic contraction, and often acts as an obstacle to the introduction of the catheter. In consequence of its close relation to the membranous division of the urethra, this is often called, especially by French writers, the muscular portion of the canal.

The direction of that portion of the urethra which is surrounded by the prostate, is downwards and forwards; the membranous portion of the canal pursues the same direction until it reaches the triangular ligament; whilst traversing the two laminae which compose this ligament, its course is a little more forwards than downwards, and after clearing the external lamina, it curves upwards between the two *crura* of the penis, as they converge to form the *corpus cavernosum*, and at the point where they meet, it becomes connected to the under surface of the penis, along which, in the median line, it continues to its termination, surrounded by a cylinder of erectile tissue called the *corpus spongiosum urethrae*. The *corpus cavernosum penis* is attached to the front surface of the *symphysis pubis*, by means of a strong fasciculus of inelastic white fibrous tissue, called the suspensory ligament of the penis; this ligament is inserted into the upper surface of the *corpus cavernosum*, just at the convergence of its *crura*, and opposite to the point at which the urethra joins it below.

You will observe then, that the urethra, throughout its prostatic and membranous portions, and at the commencement of its spongy portion, forms a decided curve, fixed at both extremities and in the middle. It is fixed at its commencement, within the pelvis, by its connexion with the neck of the bladder and prostate gland, and these are held in their position by their proper ligaments and by the pelvic fascia; it is closely attached, in its middle portion, to the margins of the opening in the triangular ligament, in its passage out of the pelvis; and externally, it is firmly connected to the anterior surface of the *symphysis pubis*, by means of the suspensory ligament of the penis, of which organ it has become a part, and by the *crura* of which it is also firmly fixed to the pubic rami on either side. Now it is of great practical importance that we should be familiar with the exact dimensions of this curve, in order to shape

our sounds and catheters in accordance with it, and thus facilitate their passage through it into the bladder. Accordingly it has been found, by repeated and accurate measurements, that the fixed portion of the urethra approximates very closely to an arc of a circle three inches and a quarter in diameter. This has been demonstrated by the labors of Mr. Briggs, of the London Lock Hospital, and others. Now my experience in the use of instruments in the urethra has taught me that they are easy of introduction, other things being equal, just in proportion as they approximate this curve; I have tried it for a number of years, and advise you to adopt it; it is deduced from sound anatomical data.

The spongy division of the urethra is about six inches in length, and takes its name from the cylinder of erectile tissue by which it is surrounded, and by which it is assimilated to the structure of the penis, of which it forms a part; it lies in a groove on the under surface of its double corpus cavernosum, like the ramrod of a double-barrelled gun. The *corpus spongiosum urethrae* swells out into a rounded enlargement posteriorly, which is called its bulb; this lies below the canal of the urethra, and is closely connected with the anterior lamina of the triangular ligament. Anteriorly it terminates in an acorn-shaped enlargement—the glans penis—which lies mainly above the canal and surrounds its slit-like orifice. The erectile tissue composing the corpus spongiosum is inclosed by an elastic fibrous membrane, the inner layer of which is in immediate contact with the urethral walls. It is easy to understand, therefore, how lacerations of these walls may readily involve its vascular structure, and occasion free bleeding; how inflammation may extend to it and explain the occurrence of chordee, and ultimately cause the solidification and contraction of its spongy tissue which can often be felt by the finger opposite to a permanent stricture.

A few words, in conclusion, as to the dimensions of the urethral canal, which are of the highest importance. Its average length is fairly stated at about eight inches, its several divisions occupying the proportions already stated. This is demonstrable by marking the exact point upon a catheter at which the urine begins to flow, and then measuring the distance between this point and the eye of the instrument. Measurements of the parts removed from the body after death do not vary materially from this; they are generally a trifle greater. The average diameter of the canal is about half an inch, but it varies considerably at different points. Thus its external orifice is the narrowest portion of the urethra, measuring from three and a half to four and a half lines; there are two other narrow points, viz. at the junction of the membranous and spongy portions, and at the internal extremity of the canal, opposite the *uvula vesicae*, where it measures about five lines. Thus it is obvious that an instrument which will enter its orifice, must of necessity pass readily through the whole canal, unless narrowed by disease or deformity. There are also three points at which the urethra presents its greatest measurements in diameter, viz. at the centre of the *fossa navicularis* just within its orifice; at the sinus of the bulb—in front of the junction of the spongy and membranous divisions; and in the prostatic sinus. At these points its diameter may be estimated at seven, eight, and nine lines respectively.

These measurements are of course approximative, and represent the average of numerous experiments. They are most correctly ascertained by casts of the urethra taken after death in wax, plaster, or fusible metal. In old age the dimensions of the canal are somewhat greater, in consequence of the diminished contractility of the organic muscular tissue which enters so largely into the structure of its walls.

SCROFULA.—Dr. Gregory, of Edinburgh, asserted as his belief that there was not a single family in Great Britain in which scrofula did not exist.

Original Communications.

A CASE OF

CARTILAGINOUS TUMORS OR ENCHONDROMA, WITH REMARKS.

BY WILLIAM HENRY CHURCH, M.D.,

SURGEON TO BELLEVUE HOSPITAL.

JAMES A. COVILL, 14 years of age, born in the United States, has suffered with the above disease since early childhood. At fourteen months of age the second finger of his left hand was caught in a door; the physician who saw him told his mother that the finger was broken, and treated it as a fracture. The mother says the swelling never entirely disappeared. Eighteen months after receiving the injury, a decided tumor made its appearance on the second phalanx of the finger, at the point of fracture; the first phalanx of the same finger simultaneously began to swell throughout its whole extent. These changes began without any apparent exciting cause, with but little pain, and no constitutional derangement. Soon after another tumor appeared upon the metacarpal bone of the index finger, near the metacarpophalangeal articulation, and on the dorsal surface. The disease continued to advance from the first phalanx of the second finger until the motion of the joint became impeded, and the second metacarpal bone extensively involved. I am thus particular in describing the appearance and progress of the tumors, in order to show that the disease did not appear in, or involve the cartilages of, the joints during the early stage of its progress. Between the age of four and five years he had typhus fever, when the large tumor upon the second finger began to enlarge, and he looks upon that as the period from which to date the rapid increase in the size of the lumps and spread of the disease. At seven years of age he fell upon the ice, and a companion accidentally stepped upon the hand; the whole hand was severely contused, but he does not think the advance of the disease was accelerated by the injury. Two years after, the largest lump began to grow, and in May, 1854, the integuments, to the size of a quarter of a dollar, sloughed from the tumor next to the largest in size, followed by copious suppuration, leaving a cavity one inch in depth, which soon filled up, to be covered by a firm cicatrix. At that time he consulted an herb-doctor, who treated it by repeated sweating with his sovereign remedies, which made their success most apparent by a rapid increase of the disease. He now suffered more pain than formerly, but of a dead heavy character, apparently as much owing to the size of the hand, and probably more, than from the character of the disease; yet the discomfort was so great as to make him willing and desirous to have the hand removed.

August 25, 1854.—The patient being under the influence of chloroform, I removed the hand at the wrist joint, by the double-flap method. After securing the arteries, the flaps were brought together without disturbing the synovial surface, or removing any portion of the radius or ulna; the parts united promptly with but slight inflammation or suppuration, so that the whole was well in two weeks. Four months after the operation, he has a good stump, no pain, and his general health is perfect. Prof. J. C. Dalton was kind enough to examine a portion of the tumor under the microscope, which he found to "consist simply of cartilage in process of partial ossification: most of it was pure cartilage, but there were spiculae of bone projecting into it in various directions. There were no other elements than these to be found." The cartilaginous deposits, as he delineated them, had precisely the same appearance of the nuclei as represented by Mr. Paget in his work on Surgical Pathology, at page 425.

Enchondroma was first used by Müller to designate a

growth; sometimes named osteo-chondroma or benign osteo-sarcoma. Mr. Paget objects to the last name as being vague, and it has the additional objection of conveying the impression that it is to a certain degree a malignant growth. Mr. Paget has been so successful in his classification of tumors, that I doubt not the class of cartilaginous tumors of which this is a specimen, will, in future, receive the distinctive title of cartilaginous tumors, or enchondroma.

This disease is accurately described by Mr. Miller in his *Principles of Surgery*, as being connected with bone, peculiar to early years, and usually attributable to external injury. The growth, slow and painless, is most frequently found in the metacarpal bones and phalanges of fingers. The articulating cartilages are not involved, but form the limits of the growth in that direction; and adjacent tumors have no tendency to coalesce. Before entering upon the subject in general, let us look at the class of which this specimen is such a perfect type.

This growth is strictly benign, beginning within the bone, and so far as we can learn, invariably confined to childhood, appearing often before birth, but never after puberty. There are about fifty cases now recorded of this malady, all developed before the age of fifteen; in none was there any appearance of malignant disease, although it has reappeared after removal—as in Mr. Salmon's case, of which before dissection this specimen was a perfect copy, his being the right hand, this the left. Mr. Paget gives a sketch of it in his work, and speaks of it as being the most remarkable yet seen, having been removed from a man fifty-six years of age, from whom, when he was sixteen years old, the forefinger of the left hand was amputated; the little finger of the same hand having a tumor as large as a walnut; he has irregular nodules on his left tibia, and some enlargement exists at his second toe of the same side. There is little or no tendency to degeneration, even when, after many years' duration, ulceration of the investing integuments may have occurred; the surrounding textures are not involved, but pushed aside. Although attacking all parts of the skeleton, it is most frequently found in the metacarpal bones and phalanges of the fingers, yet the articulating cartilages never are involved in the disease, but form a limit to the growth, necessitating the formation of a number of tumors on one hand, which, whatever may be their tendency, are thus debarred from coalescing. The growth is painless and usually slow, except when aroused to action by some exciting cause, as a blow or irritating applications, the latter frequently causing the integuments to slough; and where several tumors are developed simultaneously, they are the result, not of a constitutionally malignant cause, but rather of "the widely spread influence of the exciting cause, which in most instances is a contusion."* Nearly all the phalanges and metacarpal bones of one or both hands may be simultaneously attacked by this growth, frequently projecting from only one side of a bone, expanding into irregularly round, smooth, and oval masses, elongating the fingers, and interfering with or totally preventing the movements of the joints.

From this growth, beginning within the bone, the medullary cavity of a metacarpal bone can be filled with cartilage without changing the external appearance. Consequently the surgeon may amputate the finger where it has expanded into a tumor, leaving the disease above to reappear, as in the boy operated upon by Mr. Lawrence, who did not suppose the metacarpal bones or the second phalanges affected by the disease, until the operation was being performed, when their medullary cavities were found to be filled with cartilage.

We also have the cartilaginous tumor appearing upon the fingers external to the bone, between the bone and periosteum, but these are usually isolated tumors, and may be removed without injury to the shaft. When this disease appears in other parts of the body, it takes upon itself new

characters and new complications. It may appear in three distinct structures: 1, in the medullary cavity or within the bone; 2, external to, or between the bone and periosteum; and 3, among the soft tissues more frequently found in the region of the parotid gland.

1st. The adventitious growth is developed in the interior of the bone. The deposit gradually takes place in the cancellous texture when the external denser portion, or shell, is proportionally dilated. This outer covering, though attenuated by the disease, would be unable to envelope the growth as it does, except that nature, from time to time, supplies additional osseous matter, for a long time maintaining its continuity. Gradually the bony covering becomes thinner, until at points it is wholly destroyed—although retaining their smoothness and spherical shape, in many cases, to the touch, they become so elastic as to convey the impression that they contain fluid—having frequently been punctured, and in one case to my knowledge, greatly reduced the patient by the hemorrhage.

2d. The second variety is formed on the external surface of the bone, covered only by the periosteum and other soft parts. It is generally met with in flat bones; the cranium, pelvis, or ribs; the form is less regularly spheroidal, and the surface more unequal, than in those originating within the bone. They are generally fastened to the natural surface by outgrowths of new bone. This ossification, beginning on the surface of the bone, forms an expanded base from which to extend into the substance of the cartilage, even so far as to have changed the whole cartilaginous mass into bone. But these attachments vary as to size, sometimes not being larger than a pipe stem.

3d. Lastly, it may appear among the soft tissues more frequently found in the region of the parotid gland, but met with pure or mixed in the testicle, mammary gland, subcutaneous tissue, lungs, and soft parts near bones.* These may be composed of cartilage only, but a large proportion contains fibrous cartilage mixed with other tissues; either wholly surrounded by the gland, or included in its substance. "Bennet upon Cancerous and Canceroid Growths," at page 108, gives the history of a tumor affecting the humerus of a girl fourteen years of age, and remarks that true cancer of the bone and enchondroma, so-called medullary sarcoma, as in the present case, so closely resemble each other to the naked eye, that they always have been confounded.—Again, at page 112, is described a case of this disease involving the ischium and pubes, where the patient died without an operation, and the disease was supposed to be cancer—more careful scrutiny, however, detected peculiarities which threw doubt upon this conclusion, and consequently he was induced to investigate the growth more thoroughly. "Sections with Valentine's knife soon proved that the tumor was really cartilaginous, softened in some places, and closely resembling cancer." He also mentions a tumor occurring in the parotid region, fibro-cartilaginous in its character. He suggests that we may possibly find it in other growths and with true cancer.

Many physicians in the city of New York will probably remember two strikingly similar cases to those given by Mr. Bennet—one of a young girl in the New York Hospital, who died exhausted with an immense tumor beginning in the humerus, smooth and round, with that elasticity which is so often mistaken for an accumulation of fluid or pus; it also ulcerated, but the part was soon covered by a firm cicatrix. I remember, at the autopsy, being struck with its light pinkish jelly-like appearance; and the knife passed through it with that peculiar crisp sensation which you experience in cutting cartilaginous tumors.

The other was the "bony tumor arising from the pelvis," removed by Dr. J. Kearney Rodgers, the history of which he published in the *New York Journal* of July, 1839. "This tumor was firmly united by bone to the body and ramus of the pubes, the cancellated structure of which was

* Müller.

* Paget.

enlarged. . . . but did not project into the cavity of the pelvis." The patient died from the shock to the nervous system, the operation having been very severe and protracted, owing to the size of the tumor. He asks if the disease was of a malignant character? From the description, this tumor resembles those spoken of as beginning cartilaginous, and as they advance, becoming bony. With the knowledge acquired by the modern pathological and microscopical investigations of such men as Rokitsansky, Müller, Paget, and Virchow, I think we would be justified in giving a favorable prognosis in a similar case, provided the operation was performed before the tumor had attained such an enormous growth.

These tumors of the hand appearing at an early age, are sufficiently characteristic to be easily recognised—at all events there is not so much danger of confounding them with malignant disease as where they occur in other parts of the body upon persons further advanced in life. When we come in contact with these abnormal growths they almost invariably present some point of obscurity or uncertainty, clouded by anxiety as to their component parts. But these doubts are usually cleared up upon the removal of the mass; if not, the all-pervading eye of an intelligent microscopist will determine whether the disease be benign or malign. Here it is that the charlatan plays upon the credulity of his innocent victims—by a tedious and painful process destroying an innocent tumor, which, under the influence of chloroform, might have been removed without pain, in a few moments, by the hands of a skilful surgeon. But the evil working of these men does not cease here. They persuade their dupe that their skill has removed a cancer, never to return, owing to the remedies employed. The patient hastens to his or her relations to announce that in their family a cancer has taken root, the seeds of which are to be feared through every succeeding generation, whereas, only a harmless mass of disease has been removed without the slightest trace of cancer in it.

Where this disease appears in other parts of the body than the hands and feet, it is not so well marked, and consequently not so easily distinguished from other outgrowths. In such cases it does not necessarily make its first appearance in childhood; appearing on the contrary, at all periods, from early youth to advanced age. According to the above authors it is met with as pure cartilage, cartilage in the process of ossification, and the recurring cartilaginous tumor. Then we find it mixed with malignant disease, glandular tissue, imbedded in the fibro-cystic tumor of the testicle, fibro-recurrent and myeloid tumors. "Such combinations are not, I believe, imitated in the cases of any other structures found in tumors; even those that are thus combined with cartilage, do not, I think, combine with one another, if we except the cases of intra-uterine morbid growths. As yet, however, the interest that belongs to all these inquiries is scarcely more than the interest of mystery and of promise to future investigations."*

ON SYPHILIZATION.—Professor Hebra, in giving an account of some trials he has made of sypphilization, states that without as yet being able to range himself either with the abettors or opponents of the practice, he is enabled to say that his sypphilitic patients, during the employment of the repeated inoculations of the matter of chancre, continued very well, and of good appearance, increased in weight, and gradually lost all signs of sypphilitic disease. The course of the symptoms much resembles that which they take under the action of mercury or iodine, but was somewhat slower. A series of comparative trials with various remedies, has, however, convinced the author that for producing a rapid and certain cure the mercurial treatment deserves the most decided preference to all other means.—*Zeitschrift der Aerzte zu Wien*, No ix.

* Paget.

Reports of Hospitals.

LONG ISLAND COLLEGE HOSPITAL.

SUPERNUMERARY FINGERS HEREDITARY FOR FIVE GENERATIONS.

[By JOHN G. JOHNSON, M.D., Surgeon to the Hospital.]

The patient was a perfectly healthy well developed child. In addition to the number of fingers usually found, this child had a superfluous finger on each hand. It was attached to the outer side of the little finger about the middle of the first phalanx. The supernumerary fingers had nails, and were attached to the little finger by a thick pedicle; on being cut off a small arterial jet was noticed. There was a well-developed bone in each finger the size of that of the normal fingers. This was the fourth child of its parents, all of which had supernumerary fingers except the second. The first child, a boy, had a supernumerary finger on his right hand at the same point as the fourth child. The third child had two supernumerary fingers, one on each hand, and at the same point, about the middle of the outer side of the first phalanx of the little finger. The mother had one supernumerary finger on the right hand at the same joint. The grandmother (the mother's mother) had two supernumerary fingers; and the great grandmother had two supernumerary fingers, and a portion of the bone of the finger which was not fully removed shows clearly the point of origin. The grandmother's brother had supernumerary fingers on each hand, also one of his nephews has the same deformity. The great-grandmother states that her father had the same deformity. One of the child's cousins has also these superfluous developments. We have here a deformity perpetuated through five generations clearly traced.

COMPOUND DISLOCATION OF A LONG BONE.

[Reported by R. K. BROWN, House Surgeon.]

On the 13th inst., a boy, æt. 10, was brought to me by my friend, Dr. Dudley, who met him in the street in great distress and alarm, having a compound disarticulation of the second and third phalanges of the ring finger of the left hand. The child stated that in playing "base" the finger named had received the full force of the ball violently thrown against the digital extremity of the second phalanx, completely denuded to the periosteum and protruding through the palmar surface for one-fifth of an inch above the integument. The third phalanx hung loosely below on a plane which formed an acute angle with the projecting end, the under surface of which was caught firmly by the edge of the second integument like an edge of a button-hole holding a button. With the paleus upwards I passed a fillet of muslin around and between the connexions of the index and middle fingers as a means of extension, and effected the reduction by manipulating with the lower phalanx. A gutta percha splint was then immersed in hot water, neatly moulded to the dorsum of the finger, and bandaged on. The result is that already (Aug. 30th) the boy is able to use the finger precisely as before the accident, their being a complete restitution of articulating power.

This case has no more interest than of increasing the number which, in modern surgery, demonstrate the error held by the surgeons of the past, which was, that complete reduction of compound luxations of the long bones (among the smallest of which rank the phalanges) was a dangerous proceeding. They advocated leaving the bone unreduced or amputation. My estimable instructor in surgery, Dr. Frank H. Hamilton, has shown that a section of the articular end of the bone is in nearly every case of compound luxations to be preferred to either of the above alternatives; and this case shows that in compound luxations of the smaller long bones no harm does ensue from an immediate return of the dislocated ends to their accustomed place.

JOURNALS FOR SEPTEMBER.

ATLANTA MEDICAL AND SURGICAL JOURNAL.—Sept.

ART. I. *Spider-Bite—Severe Symptoms and Unusual Phenomena*, by Dr. J. T. BANKS, Griffin, Ga.—Patient, a boy between five and six years of age, was bitten by a black spider near the anus; wound presented a small, white, elevated, circular spot, without swelling or redness; pain lasted about ten minutes, when he was seized with violent paroxysms of pain in the stomach, of from ten to fifteen minutes' duration, followed by distinct intermissions of from thirty seconds to one minute; abdominal muscles rigidly contracted; face and neck red; circulation slow and feeble; perspiration free; nausea, with frequent efforts to vomit. Treatment: Whiskey, \mathfrak{z} i. every half hour, and also six or eight drops of laudanum combined with aq. ammoniac, until he had taken sixty or eighty drops of laudanum, when the latter was suspended. The penis was now observed in a state of erection, and there were frequent ineffectual efforts to micturate; a tobacco poultice soon relieved the priapism, which returned after a copious flow of urine, and continued, with few remissions, as long as the system was under the influence of the poison. Patient recovered. ART. II. *Clinical Lectures*, by Prof. JOHN W. JONES, in the Atlanta Medical College.—*Dentition and Diarrhoea* treated by lancing the gums; bread and milk diet, alternated with boiled rice and hydrarg. cum cret. gr. ij. every other night. *Dysmenorrhoea and Leucorrhoea* in a negro woman, aged 38.—Recommends an emulsion of copaiba, tinct. iodine, and solution of nitrate of silver, separately, as injections in vaginitis and leucorrhoea. *Partial Insanity*.—Negro woman was carried from Virginia to South Alabama, and set to work as a field laborer, to which she was unaccustomed; had symptoms of malarial fever, for which gave her large doses of quinine; has severe headache, mental derangement, and labors under constant apprehension of punishment. Imputes her condition to the combined influences of nostalgia and over-doses of quinine. *Aphrodisiasmus*.—*Convulsions and Mental Derangement* in a man about 40, resulting from a blow upon the left parietal protuberance, fracturing both tables of the skull; treatment, trephining. *Asthma*. ART. III. *Clinical Lectures*, by Dr. J. G. WESTMORELAND.—*Case of Nervous Rheumatism*. ART. IV. *Ethereal Tinct. Valerian in Convulsions in Children*, by Dr. B. W. HARDEE, Savannah, Ga.—The author has found valerian in this form to allay convulsions in young children, from whatever cause. Two cases are related of convulsions from the presence of worms in the intestinal canal. To a child three years old he administered forty drops of the tincture in flaxseed tea, per rectum once, and six drops by the mouth every fifteen minutes; and as soon as all twitching of the muscles ceased, the following powders, one every hour: R. hydrarg. chlor. mit. grs. iij., pulv. spigel. grs. viij. M. ft. ch. no. iij.; the last to be followed by a dose of castor oil and turpentine. Other cases were treated in a similar manner, with slight variations.

THE ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

ART. I. *Muriated Tincture of Iron in Erysipelas*, by Dr. CHARLES H. HUGHES, Warrentown, Mo.—The cases were all treated with cathartics, diuretics, diaphoretics, and the muriated tincture of iron, in doses of forty to sixty minims every hour, and cooling applications externally. The writer considers cathartics, diuretics, etc., useful in assisting nature to eliminate the poison from the system, and the iron is the *sine qua non* in sustaining the system whilst elimination is going on, whether left to nature or art. A point of interest is, that the three severe cases reported occurred at different times in the same individual. ART. II. *Int-rippers in the Regular Profession of Medicine*, a chapter on Ethics. ART. III. *Passive Congestions*, by C. L. CARTER, M.D. ART. IV. *Case of Nephritis*, by Dr. W. H. MUSGROVE, Clark Co., Mo.

CHARLESTON MEDICAL JOURNAL AND REVIEW.—Sept.

ART. I. *Post-Partum Hemorrhage*, by Dr. T. G. THOMAS, —A lecture delivered in the University Medical College.

and previously published in the *New York Journal of Medicine*. ART. II. *Obstetrical Cases*, by Dr. T. P. BAILEY, North Santee, S.C.—The fifth case was one of arm presentation, delivery being accomplished with great difficulty during violent uterine contractions; pelvic abscess supervened; but the patient recovered by the aid of tonics, nutritious diet, and a good constitution. ART. III. *Results of some Researches on Hypnotism*, by Drs. DEMARQUAY and GIRAUD-TULON, by WILLIAM MOSS, M.D., of Philadelphia.—The observations which obtained any result were females, most of whom were affected with some uterine disease; no result being obtained from observations made upon males and healthy females. They arrive at the conclusion that "hypnotism can seldom or never be used as an anæsthetic; that it may relieve certain neuralgias or nervous attacks; that its really valuable properties have been hitherto unrecognized, as the resemblance between many of its manifestations and some physiological processes, the successive isolation of the different senses, and the potent auxiliaries we have acquired in these properties for further researches in the workings of the mental faculties."

NEW ORLEANS MED. NEWS AND HOSPITAL GAZETTE.—Sept.

ART. I.—*Cases of Pneumonia at the Charity Hospital*. By AUSTIN FLINT, M.D.—Sixteen cases are reported, nine of which were fatal, and all complicated. Of the fatal cases, the complications were of pericarditis, four; delirium tremens, four; yellow fever, one; in one case, parotiditis and typhoid symptoms, and in one, delirium tremens and pericarditis were combined as complications; and in several instances the pneumonia supervened upon some previous illness. In six of the fatal cases, either the entire right lung or the upper and lower lobes were involved; in one the lower lobe of the right, in one the lower lobe of the left, and in one the upper lobe of the right lung; of the three latter, two were complicated with delirium tremens, and one with parotiditis and typhoid symptoms. The fatal result is supposed to be due to the complications rather than the pneumonia, from observations made upon six cases, in four of which the pulse did not rise above 120 in a minute, in one case not over 100, and in the other it was 152 when admitted. The respirations did not exceed in one case, 24; in one 26; in one, 28; in two, 36, and in one, 40 per minute. The complications in most of the cases, were developed when the patients first came under observation, and the treatment was sustaining. "The cases in which a fatal result did not take place, are of interest as furnishing illustrations of recovery under circumstances investing the disease with a degree of danger which does not belong to it intrinsically." The complications were, one, pericarditis; one, dysentery; two, bronchitis; one, delirium tremens; one, phlebitis, affecting the femoral vein; one, fracture of the ribs. Other unfavorable circumstances accompanied some of the cases, one having travelled on foot for several days, sleeping on the ground at night; one had suffered from intermittent, and syphilis; one had been in ill health for two years, and one was preceded for several days with dysentery; in two cases the inflammation extended over the entire left lung, in one over the entire right, in one over the lower lobes of both, in three the lower lobe of the left. In one case the pulse reached 144 per minute; in one, 140; in one, 134; the respirations reached in one to 68; in two, 40; in one, 36; and in two, 32. The same general plan of treatment was pursued as in the fatal cases, and even the uncomplicated cases did not require depressing measures. ART. II. *Case of Spermatorrhoea*. By F. FORMENTO, Jr.—The case was accompanied by serious symptoms of gastric disturbance, impairment of vision, etc., and after resisting various general remedies, was at length radically cured by cauterizing the part and the frequent use of the cold hip bath. ART. III. *Tetanus*.—In the opinion of the writer, *trismus nascentium* is peculiarly a disease of the negro, appearing at times in an epidemic form, and is thought to originate from irritation about the cord—probably some defect

in cutting or dressing. Some adopt the custom of giving the child one grain of calomel at one day old, and touching the cut surface of the cord with turpentine, and claim to have obviated the disease. It occurs most frequently in warm, damp weather of winter and spring, the exciting cause being probably poison generated in the wound. Tetanic spasms from teething, worms, etc., are curable or abate spontaneously; but the writer has never cured a case of well developed traumatic tetanus, and is not sure that he ever obviated one. He has seen more cases from burns about the chest and abdomen than all other accidents, next from lacerations in machinery, last from amputations. Among over a hundred instances of persons running nails into their feet, of all sizes and to all depths, he never saw tetanus follow, the hole generally is enlarged and drosses of lint or cotton, saturated with turpentine, thrust in. The disease once developed, he knows of no reliable remedy.

THE CHICAGO MEDICAL EXAMINER.—Sept.

ART. I. *Inflammatory Affections of the Female Breast.* By PROF. W. H. BYFORD, of Chicago.—Term "Milk Abscess" should be confined to inflammation and suppuration of the distended milk reservoirs, depending upon some obstruction in the nipple tubes, discharging a mixture of milk and pus, resulting often in milk fistule, but never in those deep ungovernable sinuses that sometimes trouble us in glandular inflammation. In treatment, the writer recommends the early employment of the prophylactic means usually applied to the nipple, especially light covering and frequent exposure to the air, both during pregnancy and lactation. Simple abrasions and fine chaps are best treated with mucilaginous applications or mild ointment; if deep fissures exist, the sides may be pressed closely together, and a thick layer of collodion applied; astringents and stimulants admissible only when ulcerations have become chronic. We begin the treatment of milk abscess by rectifying any malformation of the nipple, either congenital or acquired, the difficulty often being due to this source, either constricting the tubes or causing them to bend at such an angle as to prevent the free egress of milk, and often requiring treatment during pregnancy. When inflammation has fairly begun, our first object is to keep the reservoirs empty, the mouth of the adult being the best means, as it is able to vary the pressure and force to suit the tenderness of the part; then follow measures calculated to suppress the secretion, of which belladonna ointment, if carried to a sufficient extent to produce its characteristic effects upon the system, seems to have acquired the most renown; cold applications to the part affected, occasional saline cathartics, and small doses of iodide of potassium. Glandular inflammation, if seen early, may be relieved by warm fomentations, followed by venesection, and *verat. viride*, with calomel and morphia, the antiphlogistic treatment being continued until suppuration is evident; well regulated pressure, as encasing the whole gland in collodion, and if suppuration has occurred, early evacuation of the pus, and if troublesome sinuses are formed, the injection of iodine. The contents of milk abscess should be evacuated early by a small opening, and if a fistula remains it may be closed by occasional application of nitrate of silver in pencil.

ART. II. *Notes on Surgical Cases.* By Dr. E. ANDREWS, Prof. Surg. in Lind University. *Talipes varus and valgus in the same patient.*—Operated first for *varus*, by dividing the tendo-achillis, and tendon of tibialis anticus, then a crucial incision over the external malleolus, and with a saw resecting the ankle joint, removing the lower part of the fibula and tibia and upper part of the astragalus; erysipelas supervening was treated with *tr. iodine* and ice externally, and *tr. ferri mur.* internally. Next, operated on the other foot for *valgus* by dividing the tendons of the three peronei muscles, and the external lateral ligament of the ankle, forcing the foot into its proper position and confining it by appropriate dressings. *Cataract*; operation by solution. ART. III. *Poisoning by Laudanum.* By Dr. H. WARDNER.

—The cases reported illustrate the cold water treatment; in two of them all efforts to arouse were unsuccessful until a stream of cold water was poured upon the head from a distance of three or four feet, and continued at intervals of ten to twenty minutes. ART. IV. *Paraplegia.* By Dr. J. CERR, Wheeling, Ill.—Treated by magnetic electricity, strychnine, and vesication; patient entirely recovered. ART. V. *Clinical Report.* Service of D. N. S. DAVIS.—*Chronic Dysentery* of over a year's duration. This may depend upon a thickened and indurated condition of the mucous membrane, local ulceration of the intestinal canal, often the sequel of typhus or typhoid fevers, or tubercular deposit in the mucous membrane of the intestinal canal, each condition modifying the treatment. *Typhoid fever.* Attention is called to the diagnosis between paroxysmal cases of continued, and those of true remittent or malarious fever, a case of the former given and its treatment with blue mass, quinine, turpentine, and opium; engorgement of the lungs occurring, brandy punch was freely administered with injury to the patient, when a mixture of strychnine, nit. acid, and *tr. opii* was substituted with nutritious diet, upon which the patient improved. Prof. D. arranges the grave cases of typhus and typhoid fever into four classes, viz. those in which life is endangered from direct failure of the cerebral functions; those in which the most alarming symptom is feebleness of the heart's action, from early tendency to softening of its muscular structure; those in which respiration is impaired from engorgement, etc., and those in which life is endangered from disease and disorganization of the mucous membrane of the intestines. The first class of cases are the only ones in which he has observed any beneficial results from alcoholic stimulants.

THE MARSHALL HALL TREATMENT OF THE DROWNED.—The philosophic method of treatment of the apparently drowned which Marshall Hall bequeathed as the last great legacy of his genius and philanthropy meets daily with new and successful application in cases of accident, and often succeeds most in restoring life where it is apparently extinct. The National Life-Boat Institution, clearly perceiving the vast importance of any improved method for restoring animation to the apparently drowned, and puzzled by the obstinate adherence of the Royal Humane Society to their old and imperfect system, of which Marshall Hall clearly demonstrated the inefficiency in these pages, sought the opinion, by a circular, of the most eminent medical men and medical bodies in this country and on the continent. They received the favorable opinions of three hundred medical practitioners in this country, and of the principal medical societies here and abroad, in regard to Marshall Hall's method, now so universally adopted throughout the profession, and so often the means of saving life. These directions have therefore been extensively circulated by the Society throughout the United Kingdom and in the colonies. They are also in use in her Majesty's fleet. Three cases have just been reported, in which five persons apparently dead have, after long submersion, been successfully treated by the Marshall Hall method and restored to consciousness. Two of them occurred to bathers in Victoria park. It is a high merit of this method that its simple rules admit of being practised instantly by an unprofessional person until medical aid can be obtained. It was thus that in these instances life was restored by a swimming-master and by some sailors respectively. In one instance, the person saved was picked up from a capsized boat at sea, and was successfully restored to consciousness by the sailors while bringing him ashore. It was believed that if these means had not been employed during the time occupied in reaching the shore, he would have been past recovery. These facts proclaim their own importance; and while the medical profession can hope to bestow boons of such value on humanity, it may expect to retain its hold on the esteem and gratitude of mankind.—*Lancet.*

American Medical Times.

SATURDAY, OCTOBER 20, 1860.

SCHOOLS OF PHARMACY.

SECOND only in rank of importance to the subject of medical education, is that of pharmaceutical education, if, indeed, they can with propriety be considered as separate subjects. If not inseparable in everything except name, they are at least so very closely allied that collateral influences affecting the one invariably exert equal and similar effect upon the other. The object of either science being to perfect the resulting art, it is in the practical application—the applied science—the practice of medicine and the practice of pharmacy—wherein the close relationship and mutual dependence is so palpable that it can scarcely escape any ordinary understanding. What is the practice of medicine without the materials by which its aims and objects are mainly reached, which materials pharmacy alone perfects and supplies? The answer is that it can be little else than a valuable system of hygiene, which, failing from the numerous accidental causes which interfere with human health and life, leaves only barren expectantism, or some other more patent form of extravagance or quackery. What is the practice of pharmacy without the practice of medicine for its legitimate dependence? The answer is, but quackery again—soda water and patent medicines in the main, or toilet and fancy articles at best. When, or whilst the standard of medical education is low, that of pharmaceutical education cannot be elevated, because the art of pharmacy depends upon and is maintained by the art of medicine. On the other hand, whilst the standard of pharmaceutical education is low, the science, and consequently the art, of medicine, cannot be duly progressive, because the progress of both the science and art depends upon multiplied observation and experience, and such observation and experience must be inaccurate, unreliable, and uncertain, however multiplied or accumulated, when based upon the uncertain grounds of unscientific, bad, or ignorant pharmacy. For instance, what are practical observations upon the therapeutic action of digitalis, or mercury with chalk, worth, no matter how accurately made, or how far multiplied, so long as pharmacy fails to control the source, time of collecting, portion of the plant used, mode of preservation, mode, manner, age, and strength of the preparation used in the case of the digitalis; or the quality and proportion of materials, mode of preparation, and mode of preservation of the mercury with chalk. If there be uncertainty, or want of due uniformity in these agents, the whole chain of effects and results which follow in dependence upon them may be rational enough as a train of inductive reasoning, but from being based upon a varying and uncertain starting-point, can have no, or but little, general or accumulative value, and the observations must begin again upon each new case, because low standards of pharmacy continually supply varying bases of observation. The sources of uncertainty in practical medicine from hidden causes, latent influences, and the various subtle and inscrutable modifications of the vital powers, are certainly

sufficient, and sufficiently beyond the control of the present state of science, to warrant those who devote themselves to the professions of medicine and pharmacy, in an earnest, joint, and harmonious action, to remedy this fruitful source of error and uncertainty; and to stem the currents which are drifting medicine and pharmacy—two branches of the same common stock—wider and wider apart, to wreck both upon the various forms of ismatic quackery.

Those in the profession of medicine who sneer and look downward upon pharmacy—and there are many such—who wrap their mental arms around themselves and say, "What a great, what a scientific man I am; how can I associate with a mere apothecary; I deal with Latin books and human life, he with castor-oil and sixpences; I am the master, he my servant, to execute my commands; I can have nothing in common with him upon any terms of equality or respect,"—make a great and fatal mistake. These are they who stand most in need of an elevated tone and standard of medical education.

Those in the pharmaceutical profession—and they are not less numerous—who say, "I don't care for the doctors; their pretended science is all clap-trap; I can make more money from my 'Elixir of Garus,' 'Elixir of Bark,' 'Ferrated Tincture of Bark,' 'Diarrhoea Cordial,' 'Life Bitters,' or from my soda fountain and brandy syrups, or even off my hair and nail brushes, than I am ever likely to make off them—these also, as pharmacutists, make a mistake no less fatal to the true progress of medicine and pharmacy. But the misfortune is that these mistakes, in common with most forms of unscrupulous quackery, generally lead to a pecuniary advantage, and that when attempts are made to elevate the standard of education, or any other standard which interferes with or obstructs these direct roads to pecuniary gain, the attempts must be earnest, well sustained, and enduring, and more than all, must be made in that liberal spirit and tone which alone is well adapted to scientific research and improvement. Let those now entering, or about to enter the professions of medicine and pharmacy, adopt and preserve this liberal spirit, and let them take the profession of medicine as a whole—pharmacy and all. Let them be not only fostered and appreciated as an unit, but be taught and learned as such. Those in either profession whose sole object is money, may be safely allowed to pursue their chosen course so long as the honorable exceptions to their rule are so numerous, provided this latter class will earnestly lend the aid of their moral force and example carefully and steadfastly in the right direction only. As it is the rising generation in medical sciences, as well as in common life, upon whom so much of the tone and progress of the future depends, all must look with interest and solicitude to the education of the rising generation as the element of true and enduring progress. Tuition is offered to this rising generation, and the seed thus sown is commonly good, though insufficient. But it should be borne in mind that some of the seed indiscriminately sown must fall on barren soil, and much more on soil not properly prepared for healthful, vigorous germination. To make such sowing available in the future harvest, belongs to the owner of the soil. The schools, at present at least, can do little else than to supply and direct the means by which men make themselves more or less proficient; and as all true and honorable success in life

depends mainly upon the proficiency which men attain in their various avocations, the whole matter culminates at the single point—that in all ranks of science, as in common life, men owe their cultivation and progress mainly to themselves; and much less of this status to any given amount of natural capacity, than to honest industry in the pursuit of knowledge.

THE WEEK.

A CONTROVERSY is now in progress between the powers that be at the Quarantine station, which is a ludicrous triangular conflict to determine the question of supremacy over the desolated Marine Hospital grounds. As the daily papers have published the correspondence of the parties concerned, we hope that the controversy will tend to convince the public of the important fact that our Quarantine laws admit of such variable and conflicting interpretations that they must be recast and simplified. It appears that the present imbroglio commenced upon a question of jurisdiction and proprietorship—not of the premises as Quarantine grounds, which those premises long since ceased to be—but of the products and usage of the soil of that notable spot. The Commissioners of Emigration claim, what is certainly their right and duty as the trustees and custodians of that costly thirty-acre lot, that the products of that ground cannot legally be disposed of without their approval. We regret to see that a course has been pursued by the physicians which certainly cannot be sustained under the existing statutes. Not only is the Marine Hospital an obsolete institution—entirely unused, and utterly incapable of being re-opened under existing laws, but by no existing law or former precedent could either the physician of Marine Hospital or the Health Officer exercise such control as has recently been attempted. As we understand the questions in dispute, the Emigration Board have simply attended to their duty in forbidding trespass upon the products of the grounds. With the duties of the Medical Officers that honorable Board has not interfered. If the controversy is to be protracted, let the public be informed that its objects have no reference to the protection of the public health. It is time that the public as well as our profession were fully awake to the importance of a thorough reform of the Sanitary system of the city and port of New York. Never was there a better time for effecting a reformation of the external health laws than the present—while an honest man like Dr. GUNN is Health Officer. And notwithstanding the tricks of partisan lucksters who will continue to bolster up the existing system, the profession will look to Dr. GUNN for a bold and manly advocacy of a thorough reconstruction and simplification of Quarantine laws. Until such a reform is effected, the "irrepressible conflict" of partisan and personal interests against the interests of the public will be continued. It is fortunate that for once the "war at Quarantine" has not resulted in burning and pillage. But the people may now justly protest against a system of management which is so complicated that "the three powers" are brought into inevitable collision on the simple question of jurisdiction of the garden sauce, in the legal protection of which, gate-keeper Doyle, a favorite old soldier of Gen. Scott, was incontinently thrust into prison on the Sabbath day.

Information Supplementary to the Students' Number.

SCHOOLS OF PHARMACY.

PHILADELPHIA COLLEGE OF PHARMACY.

FORTIETH SESSION, 1860-61.—The lectures in this institution will commence on Monday, October 1st, and terminate about the 1st of March.

QUALIFICATIONS FOR GRADUATION.—Every person upon whom a diploma of this college shall be conferred, must be of good moral character, must have arrived at the age of twenty-one years, have attended two courses of each of the lectures delivered in the college, or one course in the college, and one course in some other respectable college of pharmacy; or when there is no such college organized in his locality, in some other respectable [medical] institution in which the same branches are taught; and have served out an apprenticeship of at least four years, with a person or persons qualified to conduct the Drug or the Apothecary business; at least three years and three months of which must have expired before the examination—of which circumstance he must produce sufficient evidence to the Board of Examiners. He shall also be required to produce an original dissertation, or thesis, upon some subject of the materia medica, pharmacy, chemistry, or one of the branches of science immediately connected therewith, which shall be written with neatness and accuracy. The thesis, with the evidence of apprenticeship and diploma fee, shall be deposited with the senior professor of the school, on or before the 20th of February, of the session in which the application shall be made. He must also be recommended in writing by the committee of examination and the professors jointly, and if his application be finally approved of by the board of trustees, he shall receive the diploma of the college.

The regular examination for the degree shall take place in March previous to the meeting of the board of trustees. A second examination will be held when required, in the month of June, of which those students, who may not have accomplished their term of service at the regular examination (and other qualified applicants) may avail themselves.

Students who have previously matriculated, and all who are apprenticed to members of the college, are exempt from the matriculation fee, but they must invariably obtain the matriculation ticket before the commencement of each course. Graduates and members of the college, and all students who have paid for two full courses of instruction in the college, are admitted to the lectures gratuitously.

FEES.—Matriculation fee (paid but once to the Secretary), \$2; fee payable to each of the Professors, \$8; Diploma fee, \$5.

NEW YORK COLLEGE OF PHARMACY.

The attention of students and of all others interested in the progress of Pharmaceutical science, is invited to the prospectus of the lectures to be delivered under the auspices of the New York College of Pharmacy, during the months of November to March next, inclusive.

The Chemical Lectures will be given as hitherto by Prof. R. O. Doremus (17th of Oct.), whose name is a sufficient guarantee for a thorough course of instruction.

The course on Materia Medica, Botany, and Practical Pharmacy will continue in the hands of Prof. G. E. Thurber, whose lectures during the three past seasons have given such unqualified satisfaction to large classes.

FEES.—For either Course separately, \$10; for the two Courses, \$15; Diploma fee, \$5.

MARYLAND COLLEGE OF PHARMACY.

Lewis H. Steiner, M.D., Chemistry; Francis Donaldson, M.D., Materia Medica; Israel J. Graham, Pharmacy.

The third annual Course (1858-9) of Lectures will commence Oct. 20, and terminate March 1.

GRADUATION.—Attendance upon two full Courses of Lectures in a respectable College of Pharmacy, the last of which shall be in this College; good moral character; the age of twenty-one years; the apprenticeship of four years to the drug and apothecary business; the presentation of an original thesis on some subject connected with the branches taught here, and the passing of an examination before the Faculty and Committee of Trustees.

FEES.—For each Professor's Ticket, \$8; Matriculation Ticket (paid but once), \$2; Graduation, \$8.

CHICAGO COLLEGE OF PHARMACY.

James V. Z. Blaney, M.D., Chemistry; F. Scammon, M.D., Pharmacy; John H. Ranch, M.D., Materia Medica.

The annual Course of Lectures will commence Wednesday evening, Nov. 9, and continue twenty weeks. The lectures will be delivered on Monday, Wednesday, and Friday evenings.

GRADUATION.—Each candidate must be of good moral character; must have attended two full courses of lectures on the branches taught here, the last of which must be in this College; must serve four years in the drug or apothecary business (three years and three months of which must have elapsed prior to examination); must produce an original thesis on some subject of the *Materia Medica*, Pharmacy, or Chemistry, or of an allied branch of science; and must pass an examination before the Professors and a Committee of the Trustees.

FEES.—Matriculation fee, paid but once to the Treasurer, \$2; fee payable to each of the Professors, \$6; Diploma fee, payable to the Treasurer, \$5. The Matriculation fee will not be collected from the assistants of the members of this College.

INSTITUTIONS

IN WHICH

CLINICAL INSTRUCTION IS GIVEN, AND THE MEDICAL COLLEGES WHICH HAVE ACCESS TO THEM.

AUGUSTA, GA.

MEDICAL COLLEGE OF GEORGIA.

JACKSON STREET HOSPITAL AND SURGICAL INFIRMARY.—This Institution is an establishment for the *Treatment of Surgical and Chronic Diseases*, and for the accommodation of Negro Patients, during and after surgical operations. From the relations of the medical officers to the Medical College of Georgia, a deep interest is felt in its Classes, and they have therefore established, with the approbation of the faculty, a Surgical and Medical Clinic, and when consistent with propriety, and the interests of the patient, will afford Students the opportunity of attending lectures in the commodious Lecture Room connected with the building, and of seeing the operations performed here during the winter.

BALTIMORE, MD.

UNIVERSITY OF MARYLAND, BALTIMORE.

CLINICAL INSTRUCTION.—The Baltimore Infirmary, containing one hundred and fifty beds, is under the *immediate control* of the Faculty, and daily instruction is given at the bedside by the Professors of Surgery and of the Principles and Practice of Medicine. A limited number of Students will be permitted to reside in the Institution, as Clinical Assistants, and no candidate can receive his degree unless he produce evidence of his regular attendance at the Hospital.

BOSTON, MASS.

MASS. MEDICAL COLLEGE.
MASS. GENERAL HOSPITAL.

BUFFALO, N. Y.

BUFFALO MEDICAL COLLEGE.
BUFFALO HOSPITAL, SISTERS OF CHARITY.

CHARLESTON, S. C.

CHARLESTON MEDICAL COLLEGE.

ROPER HOSPITAL.—The Hospital is open to patients of both sexes. Operations are performed there in the presence of the students. Clinical lectures are delivered twice a week; and students are allowed to visit the hospital every day during the morning visit of the physician, on the payment of the Hospital fee. The history of every case, its symptoms, diagnosis, treatment and daily progress from the time of admission, are recorded in a book kept for the purpose in a place conveniently accessible. In short, every effort is made to assist the student in acquiring a practical knowledge of his profession. Obstetrical cases are furnished the students, when this can be done with propriety, under the immediate direction of the Surgeon of the Institution. At a meeting of the Faculty, held on the 21st of April, it was resolved, that it be made obligatory upon candidates for graduation to present tickets of attendance on the Roper Hospital during one term, they being charged according to the rates established by the Board, viz. for six months, five dollars, and for twelve months, ten dollars, and this arrangement to continue in operation one year or more at the pleasure of the Faculty.

MARINE HOSPITAL.—The plan of instruction pursued by the physician is as follows:—The general principles of Pathology, medical and surgical, and of therapeutics, are dwelt upon; and their application to individual cases pointed out. The examination of patients is conducted very carefully, organ after organ being interrogated, and the results summed up and presented to the students, who are requested to determine the nature, seat, etc., of the disease. The nature of the disease, its extent, etc., ascertained, the indications of treatment are pointed out, and the means by which they are to be fulfilled, explained. The proper choice of remedial agents, being a matter of great consideration, is enforced.

WARD IN THE ROPER HOSPITAL.—The Faculty, with a view of extending the opportunities already possessed, have a certain number of beds in the adjoining Roper Hospital, for the reception of patients requiring surgical assistance. By the conveniences they have been able to furnish for the reception of patients, a valuable addition has been made to the surgical practice of the city. The operations are performed before the class, and they have opportunities of being made familiar with the subsequent treatment.

CHICAGO, ILL.

RUSH MEDICAL COLLEGE.
MED. DEPT. LIND UNIV.

MERCY HOSPITAL.—"During the year ending August 1, 1860, there were admitted into the Hospital of the Sisters of Mercy, 282 patients; of whom 204 were admitted into the medical wards, and 78 into the surgical. The Hospital is under the charge of Prof. E. Andrews, in the Surgical department, and Prof. N. Davis, in the medical. During the lecture season of the Medical Colleges of this city, clinical instruction is given in the wards of the Hospital from eight to nine o'clock every week-day morning, and three mornings per week all the rest of the year; thus constituting it a continuous school of practical instruction. The price of tickets for admission to the clinical instruction is \$6, and the ticket is good for the whole year. Patients are received and treated, both in the medical and surgical wards, from any part of the country, on the payment of from \$3 to \$5 per week for their board, according to the ward they occupy.

THE CITY HOSPITAL.—This is the general hospital of the city. Its wards contain a great variety of Medical and Surgical diseases, including many arising from accidents.

It is well constructed, with all the modern improvements, and affords every facility for Clinical study and observation. The medical and surgical departments will be under the care of Drs. Ross and Amerman respectively.

THE CITY DISPENSARY, in the North Division of Chicago, and the City Hospital Dispensary, are Institutions for the poor. A very large number of patients, especially women and children, are treated annually at these institutions, affording the student an extensive field for the observation of all diseases peculiar to this class of patients.

THE CHICAGO CHARITABLE EYE AND EAR INFIRMARY—This Institution has been in successful operation for nearly two years. One hundred and fifteen patients were treated by the surgeons last year, and one hundred and twenty-six during the first seven months of the present year. The Infirmary affords the best opportunities in the city for Clinical instruction in diseases of the Eye and Ear, as also in the use of the ophthalmoscope and auriscope.

BOARD OF SURGEONS.—*Consulting Surgeons*.—Prof. Daniel Brainard, M.D., Prof. Joseph W. Freer, M.D. *Attending Surgeons*.—Edward L. Holmes, M.D., Wm. H. Baltzell, M.D.

LOUISVILLE, KY.

UNIV. HOSPITAL, Medical Department.

CITY HOSPITAL.—Clinical Lectures are given twice a week.

NASHVILLE, TENN.

UNIV., NASHVILLE, Medical Department.

TENNESSEE STATE HOSPITAL.

SHELBY MEDICAL COLLEGE.

SHELBY COLLEGE CLINICAL INFIRMARY AND CITY HOSPITAL.

MEDICAL OFFICERS.—*Surgeons*: Thomas L. Maddin, M.D., Daniel B. Cliffe, M.D.

Visiting Physicians: Daniel F. Wright, M.D.; John H. Callender, M.D.; J. J. Abernathy, M.D.; John P. Ford, M.D.; H. M. Compton, M.D.

The commodious residence of the late Henry Hill, erected with a view to secure the largest amount of comfort and ventilation, has, by extensive additions, been fitted up for Hospital purposes, in immediate contiguity with the buildings of Shelby Medical College. By contract with the corporation of Nashville, this institution accommodates all the indigent sick of the city; also, by contract with the Collector of the port of Nashville, it receives all the marine patients of that port. Besides this, the officers in charge of it have made arrangements for the accommodation of any number of private patients, whether under their own treatment or that of other physicians.

NEW ORLEANS, LA.

UNIVERSITY OF LOUISIANA.

NEW ORLEANS MEDICAL SCHOOL.

CHARITY HOSPITAL.—This is one of the largest hospitals in the world, and is open to students at all hours.

NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS.

UNIVERSITY MEDICAL COLLEGE.

NEW YORK MEDICAL COLLEGE.

NEW YORK HOSPITAL.

Surgeons.—Gurdon Buck, M.D.; John Watson, M.D.; Thaddeus M. Halsted, M.D.; Thomas M. Markoe, M.D.; Willard Parker, M.D.; Geo. A. Peters, M.D.

Physicians.—Joseph M. Smith, M.D.; Henry D. Bulkley, M.D.; John H. Griseom, M.D.; Thomas F. Cock, M.D.

The Hospital buildings in the city consist of three separate large stone edifices, which can contain, together, above four hundred patients without any crowding, and are capable of being made able to accommodate about five hundred.

The whole number of persons who received the benefits of the New York Hospital, as medical or surgical patients, during the year 1859, was 2,816. Of this number there

have been cured, 1,771; Relieved, 269; Discharged at their own request, 140; Discharged as improper objects, 13; Died, 315.

Of the cases under Hospital treatment in 1859, 1825 were surgical, and 991 medical—being nearly one-half more surgical than medical cases. Of the 1825 surgical cases of the last year, 1035 were from fractures, serious contusions, burns, and other injuries arising from sudden casualties.

The report for 1859 states that the New York Hospital continues, as it has done for more than sixty years, to assist the great objects of medical science and instruction, by giving facilities for attendance on its practice to the students of the several medical schools in this city, and also to graduated physicians from other parts of the State, many of whom avail themselves of the improvement in practice afforded by observation of the variety and severity of disease in a large Hospital. The library, confined to medical learning and chemistry, natural history, and other sciences immediately connected with or bearing upon the healing art, is open to the same class of medical inquirers. It is managed by a joint committee from the Governors and the Physicians and Surgeons of the Institution. It is now rich in its special department, and contains above 6,000 volumes, to which new medical and scientific publications of reputation are added, as far as the means devoted to this object will allow.

Above twenty years ago, the formation of a Pathological Cabinet was begun. It was formed from the remarkable cases of morbid anatomy which occurred in the practice of the Hospital, and it has increased regularly and rapidly in extent, variety, and value, for the purposes of science and professional instruction. It is under the immediate care of a curator, and the several physicians who have successively filled that place have each of them left memorials of skill and fidelity. It has also received additions from other sources than the Hospital practice; and being now well arranged in a spacious and commodious out-building, it is consulted with great advantage.

BELLEVUE HOSPITAL.

FOOT 26TH STREET, EAST RIVER.—ADMISSION TO MATRICULATED STUDENTS FREE OF CHARGE.

Consulting Physicians.—John W. Francis, M.D.; Isaac Wood, M.D.

Consulting Surgeons.—Valentine Mott, M.D.; Alexander H. Stevens, M.D.

Visiting Physicians.—Alonzo Clark, M.D.; Benj. W. McCready, M.D.; Isaac E. Taylor, M.D.; George T. Elliot, M.D.; B. Fordyce Barker, M.D.; Alfred L. Loomis, M.D.; John W. Green, M.D.; Theodore G. Thomas, M.D.

Visiting Surgeons.—James R. Wood, M.D.; Lewis A. Sayre, M.D.; John J. Crane, M.D.; Stephen Smith, M.D.; Willard Parker, M.D.; Alexander B. Mott, M.D.; Carl Theo. Meier, M.D.; John W. S. Gouley, M.D.; William H. Church, M.D.

The resident Staff of Physicians and Surgeons is composed of twenty-one young medical men. The selection of these officers by first advertising the existence of vacancies in the resident staff, and then allowing a free competition of candidates before an Examining Committee, has secured to the hospital the best talent in the medical schools.

Number of patients admitted from January 1st to December 31st, 1859, 8,801; born, 388; total for the year, 10,042. Number of patients discharged from January 1st to December 31st, 1859, 8,067; died, 942; total, 9,009.

LYING-IN DEPARTMENT.—Number of births, 388; still-born, 38; per cent. of still births, 9 $\frac{1}{2}$; deaths from puerperal fever, 26.

Clinical instruction is given in this hospital daily at half-past one o'clock P.M. In the last annual report the Medical Board states: The hospital continues to be a favorite resort for students of medicine, and at present the number in daily attendance upon clinical instruction is larger than at

any former period. It is gratifying to the Medical Board to acknowledge the interest which your Board has manifested in the effort to make this hospital subservient to the great cause of sound and scientific medical instruction. And we may confidently anticipate, that as from year to year the vast advantages this institution affords for instruction in every department of medicine are gradually developed and made available to the student, these classes will increase, until Bellevue shall become a great centre of Medical Education.

NEW YORK EYE INFIRMARY.

Consulting Surgeons.—Edward Delafield, M.D.; George Wilkes, M.D.

Surgeons.—Abram Dubois, M.D.; Gurdon Buck, M.D.; Thaddeus M. Halsted, M.D.; C. R. Agnew, M.D.

Assistant Surgeons.—John H. Hinton, M.D.; F. J. Bumstead, M.D.; Henry D. Noyes, M.D.

During the past year, four thousand four hundred and seventy-eight patients, suffering from various diseases of the Eye and Ear, have been prescribed for at the Infirmary. Patients with diseases of the Eye, 4,171; Ear, 307; Total, 4,478.

CLINICAL INSTRUCTION.—The Report for 1859 says: In this connexion the Infirmary is steadily laboring to extend its benefits to students and practitioners of medicine. Clinical teaching is regularly given at the institution, courses of lectures are held, and publications made in the medical journals of cases which add to the general stock of knowledge. The importance of this department of the labors of the Infirmary cannot be overestimated: it is helping to qualify others to minister in the same way. Students of medicine here have opportunities of seeing and understanding diseases of the eye ten times greater than they could obtain in years of private practice. The whole community, the rich as well as the poor, enjoy the benefit of this instruction; for those who will be medical practitioners throughout the country are thus endowed with knowledge by which they may preserve or confer sight upon the poor not only, but bring the same boon to the affluent. The latter are deeply interested to protect themselves against the evils of mistakes or unskillfulness on the part of those who may become their own medical advisers.

NEW YORK OPHTHALMIC HOSPITAL.

NO. 63 THIRD AVENUE.

Consulting Surgeons.—Valentine Mott, M.D., LL.D.; David L. Rogers, M.D.

Attending Surgeons.—Dr. Mark Stephenson, Dr. John P. Garrish, Dr. Marcus P. Stephenson.

From the report of the Surgeons for 1858-59 we learn that: since the last published report in 1858, there have been entered upon the Register and treated at the Hospital *eighteen hundred and sixty-nine* patients, who, together with the sixty-five remaining under treatment at that time, make the total number from January 1st, 1858, to January 1st, 1860, *nineteen hundred and thirty-four*, nine hundred and twenty-three of whom were attended during the year 1858, and the remaining ten hundred and eleven during the year 1859, making the whole number of patients treated at the Hospital since its organization in 1852, to January 1st, 1860, seven thousand six hundred and sixteen. The *Ophthalmic School* connected with the Hospital—the only one in America—was organized at the foundation of the Institution, and is in a very flourishing condition. A regular course of Lectures, Cliniques, and Examinations, are given every year from the middle of October to the first of March.

COURSE OF INSTRUCTION.—Lectures on *Ophthalmic Medicine and Operative Surgery*, every Saturday at half-past three o'clock p.m., during the winter session, by Mark Stephenson, M.D. Also, *Clinical Instruction*, by Drs. Stephenson and Garrish, on Tuesday, Thursday, and Saturday, from half-past one to half-past three p.m. An examination with

an engraved testimonial of the course of studies, will be given at the end of the term, signed by the Surgeons and Officers of the Institution. Tickets \$5.50—the avails given to the building fund. Members of the class will be furnished with Dr. Stephenson's Essay on Cataract, also with the Syllabus of his course of Lectures on the Eye, without any extra charge.

PHILADELPHIA.

UNIVERSITY OF PENNSYLVANIA.
JEFFERSON MEDICAL COLLEGE.
PENNSYLVANIA MEDICAL COLLEGE.
PENNSYLVANIA HOSPITAL.

Physicians.—W. W. Gerhard, M.D.; J. J. Levick, M.D.; J. F. Meigs, M.D.; J. G. Smith, M.D.

Surgeons.—G. W. Norris, M.D.; E. Peace, M.D.; Jos. Pancoast, M.D.; E. Hartshorne, M.D.

The Physicians give Clinical Lectures in the lecture-room of the Hospital at 10 o'clock, a.m., on each Wednesday and Saturday of their term of service, and the Surgeons give Clinical Lectures on Surgery at 11 o'clock on the same days during their term of service. During the summer months, besides the bi-weekly clinics, *daily visits* are made with a limited number of pupils to the surgical and medical wards, an additional opportunity being thus afforded the student to familiarize himself with the diagnosis and treatment of disease. This hospital possesses a large medical library, the collection amounting to about 11,000 volumes. It was founded, and is supported, by the fees derived from students' tickets.

FEES.—A fee of \$10 entitles the student to the privileges of the Hospital for a year, including the use of the Library, under certain restrictions.

PHILADELPHIA HOSPITAL.

Physicians.—J. L. Ludlow, M.D.; J. M. Da Costa, M.D.; C. P. Tutt, M.D.; O. Judson, M.D.

Surgeons.—D. H. Agnew, M.D.; S. D. Gross, M.D.; R. S. Kenderdine, M.D.; R. J. Levis, M.D.

This is one of the most extensive institutions of the kind in the United States, having large buildings for the accommodation of the sick and insane.

It is divided into male and female wards; the former being again divided into surgical, medical, venereal, and clinical. The latter into the same, with the addition of obstetrical, nursery, and asylum for children. Here may be seen every variety of malady to which the human frame is liable. During the winter and the lecture season, students are admitted to the public clinics. It is easily reached by means of the Market or Chestnut street Passenger Railways, or by omnibus.

This institution is managed by the Guardians of the Poor, a board of twelve men, who receive their appointment from the courts and the City Councils, and its chief support is derived from the Poor Tax of the city. The Medical Board consists of four visiting physicians, four visiting surgeons, and four visiting obstetricians, with eight assistants or "internes." The latter are selected according to merit from candidates who present themselves before the Medical Board for examination. These appointments are generally made early in April.

EPISCOPAL HOSPITAL.

Physicians.—J. C. Morris, M.D.; H. Hartshorne, M.D.; J. Da Costa, M.D.; Wm. Mayberry, M.D.

Surgeons.—Wm. Hunt, M.D.; H. E. Drayton, M.D.; R. S. Kenderdine, M.D.; R. P. Thomas, M.D.

Founded by members of the Episcopal Church, but open to the sick of every country, creed, or color. Opened for the reception of patients in December, 1853. Has accommodations for thirty patients. The number of patients treated in the wards during 1857 was 388, the average daily number having been thirty. In addition to these, 2,136 out-patients were treated.

WILLS'S HOSPITAL.

FOR DISEASES OF THE EYE AND LIMBS.

Physicians.—J. J. Levick, M.D.; J. J. Reese, M.D.; S. L. Hollingsworth, M.D.

Surgeons.—S. Littell, M.D.; Wm. Hunt, M.D.; A. Hewson, M.D.; T. G. Morton, M.D.

Founded by the late James Wills, and opened for occupation March 1st, 1834. Devoted to the treatment of curable diseases of the eyes, and of such curable diseases of the limbs as involve lameness. From 1,500 to 2,000 patients are treated in the course of the year, and there is an average of from thirty to fifty inmates. *Clinical Days*—Mondays and Fridays.

HOWARD HOSPITAL.

This Institution was chartered in 1854, and now contains fifty beds. It has a board of ten physicians, each of whom devotes himself to a special branch of Medicine and Surgery. Clinics are held on each day, at specified hours. Accidents are admitted if brought immediately after to the Infirmary; curable and incurable cases, which are able to pay their board; such poor as may be deemed worthy objects of charity. Since its organization to the present time (1858), 9,019 patients have been treated here, over 2,000 of which belong to the last year.

This Institution is supported by subscriptions and donations. Two Resident Physicians are always present to attend to cases and applications.

PHILADELPHIA LYING-IN CHARITY.

LOCATION—931 Race Street.

Physicians.—E. Wilson, M.D.; J. M. Corse, M.D.

Four practical courses in Obstetrics are given each year, by the attending physicians. Each course continues about eleven weeks, and includes fifty lessons on the great principles of Obstetric Science, and the practical details of the art, and these, when the pupil is prepared by manipulations on the manikin, are verified by opportunities of observing cases. The members of each class have in rotation the patients of the PHILADELPHIA DISPENSARY, PHILADELPHIA LYING-IN CHARITY and PHILADELPHIA NURSE SOCIETY, assigned them for their care and attendance, with the aid of the Assistants, if necessary, and under the supervision of the Principals. In addition to the Obstetric course, a Clinic will be held every Saturday, at 9 o'clock A.M., for the treatment of Diseases of Women.

FEES.—Fee for the Obstetric Course, \$15; Fee for Clinical Course, \$10.

PHILADELPHIA DISPENSARY.

LOCATION—Fifth Street, below Chestnut.

Consulting Physicians and Surgeons.—Drs. William Darrach, H. L. Hodge, G. W. Norris, and W. W. Gerhard. *Obstetric Physicians.*—Drs. E. Wilson, J. M. Corse.

It is the oldest Dispensary in Philadelphia, having been instituted April 12th, 1786. During the year 1858, 9,740 patients were treated, and there were 490 in the obstetric department. There were 35,126 prescriptions compounded.

NORTHERN DISPENSARY.

LOCATION—No. 106 Spring Garden Street.

Consulting Surgeons.—Drs. P. B. Goddard, D. Gilbert, R. P. Thomas, and H. H. Smith.

Consulting Physicians.—Drs. S. Jackson, L. Curtis, M. M. Lewis, J. R. Bryan, and W. Maybury.

Consulting Physicians to the Lying-in Department.—Drs. H. L. Hodge, Hatfield, C. D. Meigs, J. H. Smalty, and J. Rhein.

Instituted October 1st, 1816. This Dispensary affords an excellent opportunity for the study of pharmacy and minor

surgery. During the year ending December 31st, 1857, 6,973 patients were admitted to the care of the Dispensary, and 12,600 prescriptions compounded; and in the Lying-in Department 41 patients were attended.

THE GERMAN DISPENSARY.

Noble Street, below Fourth.

The Attending Physicians are Drs. Tiedeman, Beeken, Rattenman, Schrotz, and Fischer.

The object of the Institution is to give medical attendance to the German portion of the population, particularly to those who are not sufficiently acquainted with the English language, to make themselves understood by the Physicians of other Dispensaries. The German Dispensary is supported by voluntary contributions, and is deserving of the sympathy and liberality of our citizens. Since its opening three thousand cases have been treated.

SAVANNAH, GA.

SAVANNAH MEDICAL COLLEGE.

OGLETHORPE MEDICAL COLLEGE.

SAVANNAH HOSPITAL.—Clinical Instruction given twice a week.

ST. LOUIS, MO.

ST. LOUIS MEDICAL COLLEGE.

MISSOURI MEDICAL COLLEGE.

The ST. LOUIS HOSPITAL, on account of its central and convenient location, is the receptacle of most of the cases of severe recent injury. It is under the exclusive control of the Faculty of the St. Louis Medical College during the whole year. The entire forenoons of Wednesdays and Saturdays are devoted exclusively to clinical exercises in both medicine and surgery, by the whole class, either in this or in some one of the hospitals. Thus the page of disease is continually exhibited to the student, to be read by him in all its phases; semeiology and therapeutics go hand in hand, and pathology and the action of medicines are taught by practical living illustrations. An extensive addition has been erected, which makes the building thrice its former size; and a still further addition is now in progress of erection through the liberal bequest of the late John Thornton, Esq.

CITY HOSPITAL.—This large and magnificent hospital is easy of access, and always well filled with patients. In its re-arrangement care has been taken to introduce all the modern improvements, which render it very convenient and available for hospital and clinical purposes. During the whole term of lectures, some one of the Faculty will be in attendance upon either the medical or surgical department. Clinical lectures are here delivered by the professor of clinical medicine or surgery, during the preliminary as well as the regular course. The number of patients admitted during the past year amounted to four thousand.

UNITED STATES MARINE HOSPITAL.—This Institution, erected by the general government, is situated in South St. Louis, and is devoted to the reception of sick and disabled boatmen. As St. Louis is already the third city in the Union in steamboat tonnage, it will be readily perceived how large a number of cases find their way into this excellent charity. It is under the care of Dr. McPheeters, who holds the post of physician and surgeon to the Institution. Here, as well as in the two preceding hospitals, students are admitted free of charge. It is easily reached by a street railroad.

THE ST. LOUIS LYING-IN HOSPITAL.—A large and appropriate structure has been erected on the southeast corner of Tenth and O'Fallon streets. The physician in charge is Dr. L. Charles Boislaniere, who will be glad to extend its practical benefits to all students upon the payment of a small fee. Professor Pallen is the Consulting Physician.

THE O'FALLON CLINIC AND DISPENSARY.—This establishment occupies a building adjoining the lecture room of the College.

LEADING STATISTICS OF THE FIVE DISPENSARIES OF NEW YORK.
STATISTICS FOR THE YEAR 1889.

SEXES OF THE PATIENTS.		Grand Total for each Dispensary.	PATIENTS WHERE TREATED.		VACCINATION.			AGES.		NATIVITY OF THE PATIENTS.		PARTIAL RESULTS.		PRESCRIPTIONS, THEIR NUMBER AND AVERAGE.		FINANCIAL.		GENERAL STATISTICS.							
			At the Dispensary.	At their Dwellings.	Number of Primary Vaccinations.	Number of Re-Vaccinations.	Whole Number Vaccinated.	Adults.	Children under 15 years of age.	Of American Birth.	Of Foreign Birth.	No. sent to Hospital.	No. of Deaths.	Number of Prescriptions Dispensed.	Average Cost of each Prescription.	Total Amount of Expenditures for the Year.	Average Cost of the Whole Service to each Patient.	No. of Cases since the Organization of each Dispensary.	No. of Persons Vaccinated by each Dispensary since its Organization.	No. of the Sick Poor, &c., served by each Dispensary since its Organization.	Expenditures of each Dispensary from its Organization to Dec. 31st, 1889.	Average Cost of the Whole Service to each Patient from the beginning.			
Males.		Females.																69	105,529	1,046,404	\$170,751 80	16.82 cts.			
NEW YORK..... A.D., 1791			18,817	25,222	43,589	37,140	6,399	1,597	20	1,667	25,925	18,014	19,358	24,181	5,428	272	102,931	2.45	\$5,706 20	131 cts.					
NORTHERN..... " 1827			7,638	11,858	19,526	15,033	4,503	1,289	109	1,398	11,129	8,407	9,058	10,448	149	95	30,840	1.7	3,839 02	19.65 "	83	36,852	831,440	74,711 27	22.54 "
EASTERN..... " 1832			12,920	17,182	30,052	28,758	6,294	1,516	2,051	7,167	14,948	15,104	15,250	14,802	918	157	55,638	2.28	4,421 16	14.7 "	27	59,920	460,749	62,498 15	18.5 "
DEMILT..... " 1851			11,229	15,387	26,616	18,550	8,066	1,772	19	1,791	15,479	11,187	11,983	14,683	881	813	44,458	1.79	4,591 36	17.25 "	9	12,890	146,667	35,479 50	24.19 "
NORTH-WESTERN.... " 1852			6,586	8,069	14,675	12,125	2,550	686	8	694	8,113	6,562	6,888	8,387	172	88	28,176	2.0	2,910 95	19.8 "	7	4,870	84,544	18,295 17	21.5 "
Totals.....			56,705	77,713	134,418	106,606	27,812	10,460	2,207	12,667	75,194	59,224	62,067	72,351	7,042	925	262,638	2.15	\$21,462 96	15.96 c.	20	218,991	2,060,804	\$361,730 89	17.47 cts.

NEW YORK DISPENSARY

(COR. WHITE AND CENTRE STREETS).

Daily attendance from 9 A.M. until 2 P.M.

GODFREY AIGNER, M.D., *House Physician*.THEODORE F. HARDENBURGH, M.D., *Asst. House Physician*.

Attending Physicians.—C. K. Briddon, M.D.; S. W. Dana, M.D.; O. O. Burgess, M.D.; R. P. Gibson, M.D.; ——— Corning, M.D.; ——— Van Norden, M.D.; R. Wilson, M.D.; C. Cameron, M.D.; and Geo. F. Shrady, M.D.

NORTHERN DISPENSARY

(COR. CHRISTOPHER ST. AND WAVERLEY PLACE).

Daily attendance from 9 A.M. until 2 P.M.

E. B. WARNER, M.D., *House Physician*.

Attending Physicians.—P. J. Clarke, M.D.; J. O'Rourke, M.D.; W. M. Hudson, M.D.; Foster Swift, M.D.; P. K. Keirnan, M.D.; C. V. A. Anderson, M.D.; Robt. Stone, M.D.; A. H. Rogers, M.D.; Henry Slack, M.D.; H. D. Burlingham, M.D.; H. W. Holmes, M.D.; F. A. Burrall, M.D.; T. B. Dash, M.D.; J. W. Purdy, M.D.; S. B. W. McLeod, M.D.; E. S. Hoffman, M.D.; and E. Denison, M.D.

EASTERN DISPENSARY

(COR. GRAND AND ESSEX STREETS).

Daily attendance from 10 A.M. until 4 P.M.

JONAS P. LOINES, M.D., *House Physician*.

Attending Physicians.—A. Murray, M.D.; J. B. Wyckoff, M.D.; E. S. Smith, M.D.; A. B. Wilkinson, M.D.; John Bell, M.D.; Wm. R. Robinson, M.D.; E. F. Parsons, M.D.; Cuno Dix, M.D.; H. Deffenbach, M.D.; E. M. Deey, M.D.; H. J. Harrison, M.D.; R. B. Wilson, M.D.; G. L. Underwood, M.D.; Wm. C. Corson, M.D.; and Julius Frankel, M.D.

NORTH-WESTERN DISPENSARY

(NO. 511 8TH AVENUE).

Daily attendance from 9 A.M. until 3 P.M.

J. HENRY WATTS, M.D., *House Physician*.

Attending Physicians.—P. C. Cole, M.D.; J. P. Smith, M.D.; H. Keese, M.D.; Geo. W. McCune, M.D.; J. Mesinger, M.D.; J. B. Thompson, M.D.; E. B. Thompson, M.D.; M. G. Porter, M.D.; Wm. H. Holmes, M.D.; J. Ross, M.D.; and G. A. Hurlbut, M.D.

DEMILT DISPENSARY

(COR. 2D AVENUE AND 23D STREET).

Daily attendance from 9 A.M. until 4 P.M.

ISAAC CUMMINGS, M.D., *House Physician*.

Attending Physicians.—E. R. Peaselee, M.D.; F. S. Edwards, M.D.; G. P. Cammann, M.D.; J. R. Leaming, M.D.; D. S. Conant, M.D.; W. R. Donaghe, M.D.; T. G. Thomas, M.D.; C. V. A. Anderson, M.D.; Jas. B. Reynolds, M.D.; ——— McDonald, M.D.; Govr. Smith, M.D.; J. Bird, M.D.

ARMY AND NAVY.

REGULATIONS FOR ADMISSION AND PROMOTION IN THE MEDICAL DEPARTMENT OF THE ARMY.

Boards of Medical Examiners are not convened at stated times, but whenever, in the opinion of the Surgeon-General and Secretary of War, the wants of the service render it necessary. Their meetings are usually held in New York or Philadelphia, which points have generally proved the most convenient for a majority of the applicants; but they may be, and have been, held in Richmond, Newport, Ky., St. Louis, and other places, at the option of the Secretary of War. These Boards are governed in their proceedings by the Regulations for the Army, so far as applicable, but establish their own *modes* of examination. It is the practice first to ascertain whether the candidate is subject to any infirmity or disease, mental or physical, which would in any way disqualify him for performing efficiently the active and arduous duties of a medical officer. If the result be satisfactory, the professional examination follows; if unsatisfactory, the candidate is furnished with a certificate of the fact. The professional examination embraces Anatomy and Physiology, Principles and Practice of Surgery, Obstetrics, Materia Medica and Therapeutics, Chemistry, Medical Jurisprudence and Toxicology. General literary and scientific acquirements are essential; but no positive standard or limit in that particular has been established.

"An Act of Congress, Approved June 30, 1834."

SEC. 1. That, from and after the passing of this Act, no person shall receive the appointment of Assistant-Surgeon in the army of the United States, unless he shall have been examined and approved by the Army Medical Board, to consist of not less than three Surgeons or Assistant-Surgeons, who shall be designated for that purpose by the Secretary of War; and no person shall receive the appointment of Surgeon in the army of the United States, unless he shall have served, at least five years, as an Assistant-Surgeon, and unless, also, he shall have been examined by an Army Medical Board, constituted as aforesaid.

SEC. 2. That the Surgeons in the army of the United States shall be entitled to receive the pay and emoluments of a Major; and the Assistant-Surgeons, who shall have served five years, shall be entitled to receive the pay and emoluments of a Captain; and those who shall have served less than five years, the pay and emoluments of a First Lieutenant; and that said Assistant-Surgeons shall be entitled to receive the same allowance for forage as they are at present entitled to.

SEC. 3. That every Surgeon and Assistant-Surgeon, who shall have served faithfully ten years in these grades, respectively, shall be entitled to receive an increase of rations per day, equal to the number of rations to which he may be entitled under this Act.

No person can receive the appointment of Assistant-Surgeon in the army of the United States unless he shall have been examined and approved by an Army Medical Board, to consist of not less than three Surgeons or Assistant-Surgeons, to be designated for that purpose by the Secretary of War; nor can any person receive the appointment of Surgeon in the army of the United States unless he shall have served five years as an Assistant-Surgeon, and unless, also, he shall have been examined by an Army Medical Board, constituted as aforesaid.

Boards of Medical Examiners are convened at such times as the wants of the service render it necessary, when selections are made by the Secretary of War of the number of applicants to be examined for the appointment of Assistant-Surgeon. To the persons thus selected invitations are given to present themselves to the Board for examination. These invitations state the time and place of meeting of the Board.

Applicants must be between twenty-one and twenty-

five years of age. The Board will scrutinize rigidly the moral habits, professional acquirements, and physical qualifications of the candidates, and report favorably in no case admitting of a reasonable doubt.

The Board will report the respective merits of the candidates in several branches of the examination, and their relative merit from the whole; agreeably whereunto, if vacancies happen within two years thereafter, they will receive appointments and take rank in the Medical Corps.

An applicant failing at one examination may be allowed a second, after two years, but never a third.

Applications must be addressed to the Secretary of War; must state the residence of the applicant, and the date and place of his birth. They must also be accompanied (reference will receive no attention) by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment; but those who are approved and receive appointments will be entitled to transportation on obeying their first order.

The pay and emoluments of Surgeons and Assistant-Surgeons are as follows:

Assistant-Surgeon under five years' service.—Pay per month, \$53 33; number of rations per day, 4; amount of rations per month, \$36; number of horses for which forage is allowed, 1; amount for forage per month, \$8. *Servants.*—Number for which pay is allowed, 1; amount allowed for pay per month, \$12; amount allowed for clothing per month, \$2 50; amount allowed for rations per month, \$9; total amount allowed per month, \$23 50; aggregate amount receivable, \$120 83.

Assistant-Surgeon, over five years' service.—Pay per month, \$70; number of rations per day, 4; amount of rations per month, \$36; number of horses for which forage is allowed, 1; amount for forage per month, \$8. *Servants.*—Number for which pay is allowed, 1; amount allowed for pay per month, \$12; amount allowed for clothing per month, \$2 50; amount allowed for rations per month, \$9; total amount allowed per month, \$23 50; aggregate amount receivable, \$137 50.

Assistant-Surgeon, over ten years' service.—Pay per month, \$70; number of rations per day, 8; amount of rations per month, \$72; number of horses for which forage is allowed, 1; amount for forage per month, \$8. *Servants.*—Number for which pay is allowed, 1; amount allowed for pay per month, \$12; amount allowed for clothing per month, \$2 50; amount allowed for rations per month, \$9; total amount allowed per month, \$23 50; aggregate amount receivable, \$173 50.

Surgeon, under ten years' service.—Pay per month, \$80; number of rations per day, 4; amount of rations per month, \$36; number of horses for which forage is allowed, 3; amount for forage per month, \$24. *Servants.*—Number for which pay is allowed, 2; amount allowed for pay per month, \$24; amount allowed for clothing per month, \$5; amount allowed for rations per month, \$18; total amount allowed per month, \$47; aggregate amount receivable, \$187.

Surgeon, over ten years' service.—Pay per month, \$80; number of rations per day, 8; amount of rations per month, 72; number of horses for which forage is allowed, 3; amount for forage per month, \$24. *Servants.*—Number for which pay is allowed, 2; amount allowed for pay per month, \$24; amount allowed for clothing per month, \$5; amount allowed for rations per month, \$18; total amount allowed per month, \$47; aggregate amount receivable, \$223.

The allowance for forage and servants is only paid to the Surgeons and Assistant-Surgeons when they actually employ and keep in service the number of servants and horses charged for.

In addition to the above, Surgeons and Assistant-Surgeons are allowed an additional ration per day after the termination of every five years' service.

REGULATIONS FOR ADMISSION AND PROMOTION IN THE MEDICAL DEPARTMENT OF THE NAVY.

It is prescribed by law that no person shall be appointed in this branch of the service who has not been examined and found qualified by a Board of Naval Surgeons, designated by the Secretary of the Navy.

A Board of Naval Surgeons will be assembled annually, at such place as may be indicated by the Department, usually about the close of the lecture season of the colleges, for the examination and selection of candidates for admission into the Medical Corps of the Navy, as well as for the examination of Assistant-Surgeons who may be candidates for promotion.

Application for permission to attend the examination for admission to the Medical Corps of the Navy must be addressed to the Secretary of the Navy, stating the age and residence of the applicant, and be accompanied by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible position of a Medical Officer of the Navy.

The application of no one will be considered who is under twenty-one or over twenty-five years of age.

The permission will state the time and place of the meeting of the Board.

The Board rigidly scrutinizes the physical qualifications of each candidate, as well as his moral, mental, and professional fitness for the naval service; and reports favorably upon no case admitting of a reasonable doubt, as the health and lives of the officers and men of the navy are objects too important to be intrusted to ignorant or incompetent persons.

The Board reports the relative merit of the candidates as shown by the examination; and appointments will be made in the navy as vacancies may occur, in the order in which they may be reported by the Board.

No qualified candidate will be held over for appointment beyond one year; if not appointed within that time, it will be necessary for the candidate to be re-examined, when he will take position with the class last examined.

Physical examination will precede the professional; no candidate, not physically qualified for the active duties of the service, will be examined professionally. The Board will make a separate report, in each case, of the physical condition, direct to the Department, to be placed on file with the testimonials of the candidate.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment.

After five years' service in the navy, at least two years of which shall have been passed "on board a public vessel of the United States at sea," Assistant-Surgeons shall be entitled to an examination for promotion.

In order that the relative position of Assistant-Surgeons of the same date, who shall be examined for promotion at different times, may be more readily determined, a majority of the members of the Board will be selected, if practicable, from those who served on the next preceding Board.

Assistant-Surgeons, who are candidates for promotion, shall present to the board testimonials of correct deportment and habits of industry from the Surgeons with whom they have been associated on duty; also, a journal of practice, or case-book, in their own handwriting. They are expected to be familiar with the details of duty specified in the "Instructions for the Government of Medical Officers."

Any Assistant-Surgeon who shall fail to present himself for examination after he has been ordered (unless for reasons which may be satisfactory to the Department), or who, after examination, shall be reported by the Board as "not qualified" for promotion, shall be dropped from the list of Officers of the navy.

The pay of Assistant-Surgeons and Surgeons is established by act of Congress, approved March 3, 1835, and is as follows:

Assistant-Surgeons.—Waiting orders, \$650; at sea, \$950; after passing and found qualified for promotion to Surgeon, \$850; at sea, \$1,200; when stationed at navy yards, hospitals, rendezvous, and receiving-ships, \$950; after being passed, and stationed as above, \$1,150.

Surgeons.—For the first five years after the date of his commission, \$1,000; for the second five years, \$1,250; for the third five years, \$1,400; for the fourth five years, \$1,600; after he shall have been commissioned as a Surgeon twenty years and upwards, \$1,800.

All Surgeons of the navy under orders for duty at navy yards, receiving vessels, rendezvous, or naval hospitals, shall have an increase of one-fourth of the foregoing amount of their respective annual pay, from the date of their acceptance of such orders.

All Surgeons of the navy ordered to any of the ships or vessels of the United States commissioned for sea service shall have an increase of one-third of the foregoing amount of their respective annual pay, from the date of their acceptance of such orders.

All Surgeons of the navy, ordered as Fleet Surgeons, shall have an increase of one-half of their respective annual pay, from the date of their acceptance of such orders.

In addition to the above, Surgeons and Assistant-Surgeons are allowed one ration per day when attached to vessels for sea service, and ten cents per mile for travelling expenses, if under orders of the Department.

SEC. 7 OF ACT OF AUG. 3, 1848.—*And be it further enacted*, that in calculating for the pay of Surgeons hereafter, the time upon the graduated scale of pay shall be reckoned from their original entry into the service.

PRIZES FOR 1861.

FOR THE MEDICAL PROFESSION.

AMERICAN MEDICAL ASSOCIATION.—Two prizes of \$100 each to the best two volunteer communications reported favorably by the Committee. Committee for 1860-61, Drs. DANIEL BRAINARD, Chicago, Ill.; D. L. MCGUGEN, Iowa; M. L. LITTEK, Mo.; JOHN EVANS, Ill.; A. L. MCARTHUR, Ill. Papers must be sent to the Chairman before June, 1861.

BOYLSTON PRIZES.—Two, \$60 each, or a gold medal of that value. **SUBJECTS**—1. *Excision of Joints.* 2. *Diagnosis and Treatment of Chronic Pleurisy.* Papers must be sent to Dr. EDWARD REYNOLDS, Boston, on or before April 1, 1861.

FISKE FUND.—Two, \$100 each. **SUBJECTS**—1. *Aneurism: its Varieties and their appropriate Treatment.* 2. *Ozone: its Relations to Health and Disease.* Papers must be sent to Dr. S. A. ARNOLD, Providence, R. I., on or before May 1, 1861.

STEVENS PRIZE, OFFERED BY ALEXANDER H. STEVENS, M.D., LL.D.—This prize, consisting of the sum of One Hundred Dollars, will be awarded for the best series of Preparations which shall adequately illustrate the Anatomy, Physiology, and Pathology of the Larynx. The preparations should be sent in to Dr. HENRY B. SANDS, Curator of the College, on or before the 1st day of March, 1861. The preparations receiving the above prize, as well as those of which Honorable Mention may be made, will be deposited in the Museum of the College of Physicians and Surgeons, inscribed with the names of the successful competitors.

O'REILLY'S PRIZE TO MEDICAL STUDENTS.—A premium of \$250 for the Essay which shall be judged the best by competent judges on the Anatomy and Physiology of the Animal and Organic Nervous Systems. The Essays to be sent on or before the 1st of March, 1861, to Dr. JOHN O'REILLY, No. 230 Fourth Street, New York.

IMPORTANT INFORMATION CONNECTED WITH
THE PRACTICE OF VACCINATION.

BY J. P. LOINES, M.D.

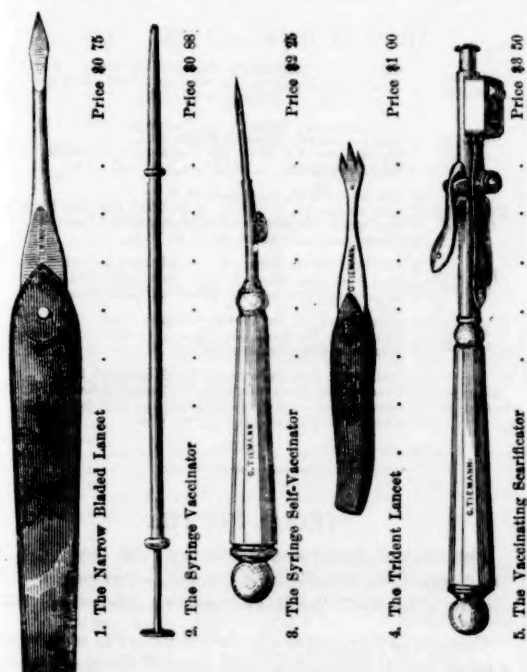
House Physician Eastern Dispensary.

FROM instances which have come to the knowledge of this Dispensary, that show a great want of information in various sections of the country, upon all branches of the subject of vaccination, it is induced to give a few instructions as to the best methods of using the several kinds of Vaccine, and a short description of the best instruments to be employed in vaccination, together with their prices and how they may be obtained. The subject may be most clearly presented in the form of divisions with appropriate titles.

I. The Method of Vaccination.

The rationale of vaccination is as follows, viz. Vaccine virus should be exposed to the absorbent vessels when they are in a proper state for absorption: to produce this state, or to open these vessels, that instrument which causes the least irritation, and the least flow of blood is by, far the best, as both the flow of blood and the irritation of the skin are likely to carry off the virus before it can be properly taken up; moreover, that which causes the least pain, other things being equal, is in all cases preferable.

*II. List of suitable Vaccinating Instruments.**



III. Description of the several Vaccinating Instruments and the proper method of using them.

1. THE NARROW BLADED LANCET.—This is a lancet of peculiar construction, somewhat resembling the common exploring needle, narrow, pointed, and sharp, convex on

* The two first instruments are shown in the engravings of their actual size, the remaining three are but two-thirds of it. We are able to present these illustrations by courtesy of the Trustees of the Eastern Dispensary.

one side of the cutting part of the blade, and plane on the other. This instrument may be used like the common lancet in introducing any kind of vaccine to the absorbents.

In employing dried lymph in vaccination, such as is usually supplied upon a section of a quill or a piece of ivory, proceed with the point of this lancet to pick out ten or twelve minute particles of cuticle from the arm, in a circle of not more than one third of an inch in diameter, so as to expose the true skin, and in the fluid which exudes therefrom dissolve and commingle the dried lymph by gentle friction over the punctured surface.

Many persons will acquire such dexterity with this instrument, that, by a single gentle push, with its convex side next to the skin, they will be able to lay over, as it were, a furrow of cuticle, and thus, with but little cutting and with scarcely any danger of puncturing too deeply, expose a comparatively large absorbent surface.

This instrument may also be advantageously used by those who do not possess the Syringe Self-Vaccinator (Fig. 3), to make a valvular incision under the skin, into which a minute piece of scab may be inserted by means of a needle, or a probe, or by means of what is better, the instrument to be next described.

2. THE SYRINGE VACCINATOR.—This consists of a cylinder of metal, three inches long, with a closely fitting piston, which, when pushed its whole length through, it projects an eighth of an inch from the cylinder itself. By means of this instrument, a small piece of the vaccine scab, or a small quantity of the same pulverised, or fluid lymph with which the cylinder is to be first charged, can be pushed into the valvular openings or cuts in the arm, previously made for it.

3. THE SYRINGE SELF-VACCINATOR.—In its uses this instrument presents a combination of the two previous instruments, and is sufficiently well explained in the descriptions already given of them, and by reference to the accompanying engraving. It is apparent that the open side should be introduced downwards, and that the push by which the scab is inserted, should be made very suddenly. In the handle of this instrument is a cavity to hold vaccine material, secured by a screw top.

4. THE TRIDENT LANCET.—This lancet is a labor-saving one, for introducing vaccine lymph, in either a fluid or a dried state, by the same process as that described for the Narrow Bladed Lancet (Fig. 1).

THE VACCINE SCARIFICATOR.—This is another labor-saving instrument, by the use of which five incisions are simultaneously made in the arm of the patient. It has the advantage of requiring neither skill nor steadiness of hand in its employment, while it makes the most imposing appearance of any instrument used in vaccination, in the eyes of the patient, or in those of the witness of the operation. Lymph is introduced into the incisions, drawn open or pressed apart by the fingers of the operator, in the same manner as is explained in describing the Narrow Bladed Lancet (Fig. 1). A skilful person, in using any of these vaccinating instruments, need not, generally, cause sufficient pain to awaken a sleeping infant. It is proper to mention in this connexion, that the best part of the surface of the body for vaccination lies directly over the place of the insertion of the deltoid muscle of the left arm.

The best kind of Vaccine, the best Instruments, and the best modes of using them.

It is self-evident that fluid lymph transferred directly from an eighth day vesicle to any kind of incision made in the arm, is the most certain to infect. The best instrument to use in such a case is the Vaccinating Scarificator (Fig. 5). It is assumed that every one knows that none of the instruments here described are intended to be dipped into fluid vaccine, unless it be the Syringe Vaccinator, which has no cutting edge; as scarcely anything is more corrosive to a sharp-edged instrument than this material. The Vaccine crust or scab can be best used by introducing a small piece

of it with the Syringe Self-Vaccinator (Fig. 3). In selecting the part of the scab to be used, choose only a fragment of the hard interior part, as that is the best and most reliable. Fluid lymph preserved in glass capillary tubes, is best used by first breaking the tube at the point to which the fluid ascended in charging it, and then drawing the fractured end through, or over, the incision made by the Vaccinating Scarificator (Fig. 5). The scab, in a finely-powdered form, may be successfully used by dropping a small quantity of it into the incisions made by the instrument just named; or, if it be previously dissolved in a small quantity of glycerine, the fluid may be applied to the absorbents through similar incisions. Water may also be used instead of glycerine as a moistener, with the same mode of use in view. Dried lymph, on a pointed quill, is best used by introducing it into a valvular cut made by the Narrow Bladed Lancet (Fig. 1), and holding it there a minute or two.

Medical News.

APPOINTMENTS.

COLLEGE OF PHYSICIANS AND SURGEONS.—Thomas M. Markoe, M.D., as Adjunct Professor of Surgery.

NEW YORK MEDICAL COLLEGE. GEORGE THURBAR, M.D., Lecturer on Materia Medica, Botany, and Pharmacy. JOSEPH SCHNETTER, M.D., Lecturer on Pathological Anatomy. W. R. WHITEHEAD, M.D., of Va., Lecturer on Clinical Medicine. M. BRADLEY, M.D., Adjunct Professor of Anatomy.

NEW YORK MEDICAL COLLEGES.—The *University Medical College* commenced its regular session on Monday, Oct. 15, with an introductory address by PROF. VALENTINE MOTT. The *New York Medical College* opened its session on Wednesday, the 17th inst., with an Introductory by PROF. DOREMUS. The *College of Physicians and Surgeons* commences its regular course on Monday, Oct. 22, with an Introductory Lecture by PROF. DALTON. At no former period in the history of our Medical Schools has there been such activity at the opening of the regular sessions. The number of students who have matriculated is fully twice as great as in any previous year.

TO CORRESPONDENTS.

E. P. B.—We cannot advise your student in the choice of schools.

Answer to J. C. O.—"Allow me to recommend to your correspondent, J. C. O., the following method of treating Chordee, which I have advised for many years, viz.:—Bind the penis with a T bandage down between the testicles; that is a sure prevention, as an erection is impossible. Let me suggest, however, that an 'obstinate chordee' may be due to an abscess or chancre in the urethra, or some more serious lesion than that which follows simple gonorrhoea." SENEX.

PLATTSBURG, Oct. 18.

E. J. P.—The first part of your letter was sent as directed; the latter portion is retained for future use.

F. N. S.—Reports on the fevers which prevail in our hospitals will be made as we can collect the materials.

COMMUNICATIONS have been received from:—

Prof. W. H. VAN BUREN; Dr. C. E. AGNEW, N. Y.; Dr. E. J. FOUNTAIN, Iowa; Dr. G. GRANT, N. J.; Dr. W. B. ATKINSON, Pa.; Dr. F. N. SMITH, Ill.; Dr. W. B. FLETCHER, Ind.; Dr. J. W. HUNT, N. J.; Dr. J. L. SMITH, N. J.; Dr. DAVID P. SMITH, Edinburgh, Scotland; Dr. J. P. LOINES, N. Y.; Dr. E. R. SQUIBB, N. Y.; Dr. S. T. SAWYER, Wisc.; Dr. T. COWGILL; Dr. A. C. GARRETT; Dr. H. L. BYRD; Dr. B. M. LEBBY; Prof. J. LOWLER; Dr. E. R. LIVINGSTON; Messrs. QUEES & Co.; Dr. Z. PITCHER; Dr. H. JAMES; Dr. J. G. ORSON; Dr. W. E. HOWARD; Dr. T. P. HADDOCK; Dr. W. M. B. BROWN; Mr. E. C. JAMES; Dr. J. E. CLARK; Dr. W. H. ANDERSON; Messrs. JONES & WHITE; Dr. M. BISHOP; Dr. E. BISHOP; Dr. J. H. BECHI; Dr. E. PAYNE; Dr. P. J. MCCORMICK; Drs. GORE & AMERMAN; Dr. SNAVELY; Dr. J. E. THOMPSON; Dr. S. J. SAWYER; Dr. J. J. WARD; Dr. S. VAN DYCKE.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 6th day of October to the 13th day of October, 1860.

Deaths.—Men, 95; women, 85; boys, 112; girls, 98—total, 385. Adults, 180; children, 205; males, 207; females, 178; colored, 5. Infants under two years of age, 149. Among the causes of death we notice:—cholera-infantum, 9; infantile convulsions, 26; croup, 4; diarrhoea, 15; dysentery, 8; scarlet fever, 15; typhus and typhoid fevers, 20; pertussis, 7; consumption, 51; small-pox, 5; dropsy of head, 10; infantile-morasmus, 34; nervous system, 69; respiratory, 165; digestive, 98.

The number of deaths compared with the corresponding weeks of 1858 and 1859, and of last week, was as follows:—

Week ending October 16th, 1858,	430 Inc. 45
Week ending October 15th, 1859,	306 Inc. 19
Week ending October 6th, 1860,	422 Dec. 37

SEPT.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb. Therm.		General direction of Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°		0 to 10	Is.
7th.	29.80	.44	53	44	60	8	14	NW.	0	
8th.	29.55	.11	57	47	66	7	10	SW.	4	.21
9th.	29.61	.07	53	45	60	9	14	SW.	6	
10th.	29.80	.14	60	50	66	6	9	SW.	1	
11th.	29.84	.11	64	55	68	5	9	SW.	8	
12th.	29.97	.11	53	47	58	8	12	NW.	3	
13th.	30.04	.10	50	45	56	7	13	NE.	8	

REMARKS.—7th, fine; wind calm A. M., fresh P. M.; 8th, fine; wind fresh all day, rain early evening, clear late at night; 9th, wind light, with variable sky; 10th, fine with light wind; 11th, sultry with light wind; 12th and 13th, mostly calm; on the 13th, air chilly, precursor of a North East storm.

MEDICAL DIARY OF THE WEEK.

Monday, Oct. 22.	{ CITY HOSPITAL, Surgery, Dr. Peters, half-past 1 P.M. BELLEVUE, Obstetrics, Dr. Macready, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Oct. 23.	{ CITY HOSPITAL, Surgery, Dr. Parker, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M.
Wednesday, Oct. 24.	{ EYE INFIRMARY, Operations, 12 M. CITY HOSPITAL, Medicine, Dr. Bulkley, half-past 1 P.M. BELLEVUE, Surgery, Dr. Gouley, half-past 1 P.M. PATHOLOGICAL SOCIETY, half-past 7 P.M.
Thursday, Oct. 25.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. CITY HOSPITAL, Surgery, Dr. Peters, half-past 1 P.M. BELLEVUE, Medicine, Dr. Elliot, half-past 1 P.M.
Friday, Oct. 26.	{ CITY HOSPITAL, Dr. Parker, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Clark, 1½ P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday, Oct. 27.	{ BELLEVUE, Drs. Parker and Wood, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. CITY HOSPITAL, Medicine, Dr. Bulkley, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.

SPECIAL NOTICES.

BELLEVUE HOSPITAL.—On Saturday (this day), Oct. 20, DR. JAMES R. WOOD will give a *Clinical Lecture on malignant diseases of the female breast, and remove a cancerous breast.*

COLLEGE OF PHYSICIANS AND SURGEONS.—The introductory Lecture will be delivered by PROF. JOHN C. DALTON, on Monday, Oct. 22, at half-past seven o'clock P.M.

BELLEVUE HOSPITAL.—The Winter course of Clinical Instruction in this Institution will be opened on Wednesday, Oct. 24, at a quarter past one o'clock P.M. Addresses will be made by DR. JOHN W. FRANCIS, President of the Medical Board, PROF. VALENTINE MOTT, and others. Members of the medical profession, and medical students, are invited to be present.

Mercurial Vapor Baths. Cohen,

Cupper, &c., respectfully informs Medical Gentlemen that he administers

MERCURIAL VAPOR BATHS

for constitutional diseases, at the Fifth Avenue Hotel buildings, corner of 24th street (basement), under Caswell, Mack & Co., family chemists. These baths are on the plan of Dr. Langdown Parker, and can be relied on.

Refers to Drs. W. H. Van Buren, J. J. Crane, C. R. Agnew and others. Cupping, Bleeding and Leeching promptly attended to; any amount of blood can be taken by the means of Cups, without the possibility of a failure; they can also be applied to the throat with the greatest facility. After 8 o'clock, P. M., daily, orders can be sent to his domicile, No. 444 Fourth Avenue, between 81st and 82d streets.

Refers to Drs. J. W. Francis, Griscom, Agnew, Barker, and others.

Chloroform no longer Dangerous.

The attention of medical men is solicited to the "Safety Anæsthetic Inhaler," invented by H. Giles Luther, Dentist, 42 Great Jones st. It has been tested at the public Hospitals and in the private practice of many of our most eminent surgeons, and has received their most decided approbation as combining safety with convenience and economy in the administration of anæsthetics. No physician or surgeon should be without it. The following are a few of those who have accorded in its favor an expression of their approbation.

John W. Francis, M.D.; J. M. Carnochan, M.D., Surgeon-in-chief to the N. Y. State Hospital, Professor of Clinical and Operative Surgery, in the N. Y. Med. Col.; A. B. Mott, M.D., Surgeon to Bellevue, St. Vincent's, and Jews Hospital, &c. &c.; E. R. Pease, M.D., Professor of Surgery to the N. Y. Med. College; J. Marion Sims, M.D., Surgeon and Obstetrician to the Woman's Hospital; John J. Crane, M.D., Surgeon to Bellevue Hospital, Wm. O'Meara, M.D., Resident Physician and Surgeon to St. Vincent's Hospital; — Isaacs, M.D., Surgeon to Brooklyn Hospital; Frank Hawthorne, M.D., House Surgeon to Bellevue Hospital; Saml. E. Perey, M.D., Obstetrician; H. F. Quackenbos, M.D., do.; E. S. Kinsam, M.D.; Stephen Smith, M.D., Editor *Am. Med. Times*; W. W. Hall, M.D., Editor *Journal of Health*; Valentine Mott Francis, M.D.; D. D. Smith, M.D., and many others.

N. B.—Send for a descriptive circular. Students supplied at Wholesale Prices.

Microscopes for Medical Students.

The undersigned offer for sale, of their own manufacture, ACHROMATIC MICROSCOPES of various kinds, from \$29 upwards.

An ACHROMATIC MICROSCOPE, Trunnion form, Rack and Slow Motions, Lever Stage, Three Eye Pieces, Object Glasses $1\frac{1}{2}$ inch, $\frac{3}{4}$ inch, $\frac{1}{2}$ inch, Stand Condenser, Animalcule Cage, Stage Foreeps, one doz. Objects, etc., etc., complete in a Mahogany Case with Three Drawers, Price \$85. Ditto, ditto, with Polariscopes and Slide Reflector, \$100.

BENJAMIN PIKE & SONS,

518 BROADWAY, N. Y.,

Opposite St. Nicholas Hotel.

VACCINE.**Vaccinating Instruments of all kinds;**

also Vaccine Lymph, in scabs and tubes, or on quills and slips of bone, perfectly pure, and most reliable. Used by the leading Physicians of this city. For sale by

THE EASTERN DISPENSARY, IN THE MARKET BUILDING,
57 ESSEX STREET,
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Otto & Reynders, Manufacturers and

Importers of SURGICAL, ORTHOPEDICAL, and DENTAL INSTRUMENTS, TRUSSES, etc., 58 CHATHAM STREET, New York.

Abdominal Supporters, Shoulder Braces, Stockings for Varicose Veins, Electric Machines, Ear Trumpets, Fracture Splints, Crutches, Syringes, Enemas, Fine Cutlery, etc.

O. & R. are prepared to furnish the apparatus introduced by Dr. Davis, for the TREATMENT OF HIP DISEASE, as directed for his own patients. This mode of treatment originated with Dr. Davis, and, as we have made his apparatus for several years, we have every facility for making the same.

WADE & FORD,

Manufacturers and Importers of all

kinds of SURGICAL and DENTAL INSTRUMENTS,

SYRINGES, TRUSSES, ABDOMINAL SUPPORTERS,

SHOULDER BRACES, STOCKINGS FOR VARICOSE VEINS, ORTHOPEDICAL APPARATUS,

Electric Machines, Ear Trumpets, Auricles, &c., &c.,

No. 85 FULTON STREET, NEW YORK.

Price Catalogues will be furnished if required.

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WM. F. FORD.

Joseph Laidley, Practical Chemist

and Manufacturing Pharmacist, Graduate of Philadelphia College of Pharmacy, offers to Physicians and others a large, new, and full stock of strictly pure and reliable medicines of his own manufacture. Surgical Instruments, Trusses, Medical Saddle-Bags, and Medicine Chests in great variety, at the manufacturers' prices; also pure Chemicals, Elastic Stockings, Bandages, Splints; all new and rare remedies, and everything else in the drug line, and on the best terms that articles of similar quality can be obtained in the United States.

JOSEPH LAIDLEY,

5th and Main Streets, Richmond, Virginia.

Wade & Ford, Surgical Instrument

Makers, 85 Fulton Street, New York, have now ready Dr. James E. Wood's General Operating Case. It contains a full set of fine Amputating, Trepanning, Minor Operating, and Eye Instruments, Sounds, Catheters, Elastic Bougies, Needles, Silk and Silver Wire Ligatures, &c. These instruments have been carefully manufactured and arranged under the supervision of Dr. James E. Wood, into a compact Rosewood Brass-Bound Case, about the size of the ordinary Amputating. It has met with general approval, and the following gentlemen endorse the quality of its contents:

JAMES E. WOOD, M.D.,
LEWIS A. SAYRE, M.D.,
STEPHEN SMITH, M.D.

Wade & Ford beg leave to call the attention of the faculty to the following notice of this Case of Instruments in the May number of the New York *Journal of Medicine*, page 427:

"A NEW AND COMPLETE CASE OF SURGICAL INSTRUMENTS.—The practitioner of surgery not unfrequently has need of an operating case which, in a compact form, embraces the instruments necessary for any and all operations. To the country practitioner especially would a case of instruments thus selected be a valuable acquisition. Such an operating case has recently been prepared by Messrs. Wade & Ford, 85 Fulton street, New York, under the direction of Dr. James E. Wood, combining in a single case of moderate dimensions, instruments and apparatus adapted to every emergency in which a surgeon can be placed."

We have recently perfected Dr. Lewis A. Sayre's improved instrument for Morbus Coxarius, under his directions, and will, if requested, forward directions for measurements necessary for a perfect fit.

Physicians should use the American SOLIDIFIED MILK, PREPARED NEAR AMENIA, IN DUTCHESS COUNTY, NEW YORK.

It is simply the richest milk EVAPORATED at a low temperature, and crystallized upon refined white sugar. The Reports of Special Committees from the N. Y. ACADEMY OF MEDICINE, and the AMERICAN MEDICAL ASSOCIATION recommend it as invaluable in PHTHISIS, DIARRHOEA AND DYSENTERY, PERSISTENT VOMITING, AND IN THE DISEASES AND WEANING OF CHILDREN. It is the most NUTRITIOUS DIET known, and in consequence especially recommends itself in the sick room. It is WARRANTED TO KEEP FOR YEARS IN ANY CLIMATE, and is therefore indispensable for families travelling with children, officers of the army and navy, sea captains, and those living in hot climates.

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SANDFORD EASTMAN,
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BUFFALO, October, 1860.

Oglethorpe Medical College, Savannah, Georgia.

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The Course preliminary to the Session of 1861 will begin on the 18th of February, and the Regular Lectures on the 15th of March, to continue till the middle of July.

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JOHN E. WHITE, Warden of Bellevue Hospital.

NEW YORK, March 5, 1860.

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